TABLE II.C.3

NUMBER OF SCHOOLS BY TYPE AND SCHOOL DISTRICT
SOURCE: SC DEPARTMENT OF EDUCATION ANNUAL REPORT 1988-89

NOTE: Abbreviations are described at end of Table II.C.3

SCHOOL DISTRICT	TYPE	ELM 1-4	MID 5-8	JR HI 7-8	HIGH 9-12	POST VOC TRDE	COMM JR COLL	COLL UNIV
ABBEVILLE	PUBLIC	6	1		3	1		
	PRIVATE		*3					
AIKEN	PUBLIC	18	9		7	1	1	
	PRIVATE		15					
ALLENDALE	PUBLIC	3	1		1		1	
	PRIVATE		*1					
ANDERSON								
DIST. #1	PUBLIC	8	2		2	1		
DIST. #2	PUBLIC	4	2		1			
DIST. #3	PUBLIC	2	1		1			
DIST. #4	PUBLIC	3	1	1	1			
DIST. #5	PUBLIC	11	3		3			
	PRIVATE		6				2	
BAMBERG								
DIST. #1	PUBLIC	2	1	1	1			
DIST. #2	PUBLIC	1	1					1
	PRIVATE		*1					1
BARNWELL								
DIST. #19	PUBLIC	1	1		1	1		
DIST. #29	PUBLIC	1	1		1			
DIST. #45	PUBLIC	1	1		1			
	PRIVATE		*4					

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

SCHOOL DISTRICT	TYPE	ELM 1-4	MID 5-8	JR HI 7-8	HIGH 9-12	POST VOC TRDE	COMM JR COLL	COLL UNIV
BEAUFORT	PUBLIC	12	1	2	3	1	1	
	PRIVATE		*13					
BERKELEY	PUBLIC	18	8		8	2		
	PRIVATE		*11					
CALHOUN	PUBLIC	2	1		1			
	PRIVATE		*3					
CHARLESTON	PUBLIC	43	14		11	3	1	3
	PRIVATE		*32				2	1
CHEROKEE	PUBLIC	14		2	2	1		
	PRIVATE		*2					1
CHESTER	PUBLIC	6	4		3	1		
	PRIVATE							
CHESTERFIELD	PUBLIC	9	2	1	4			
	PRIVATE		*3					
CLARENDON								
DIST. #1	PUBLIC	2			1			
DIST. #2	PUBLIC	2	1		1	1		
DIST. #3	PUBLIC	1			1			
	PRIVATE		*2					
COLLETON	PUBLIC	9	2		2	2		
	PRIVATE		*3					
DARLINGTON	PUBLIC	16	1	3	4	2		
	PRIVATE		*4					*1
DILLON								
DIST. #1	PUBLIC	1	1		1			
DIST. #2	PUBLIC	4		1	1	1		
DIST. #3	PUBLIC	2			1			

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

SCHOOL DISTRICT	TYPE	ELM 1-4	MID 5-8	JR HI 7-8	HIGH 9-12	POST VOC TRDE	COMM JR COLL	COLL UNIV
DILLON	PRIVATE		*1					
DORCHESTER								
DIST. #2	PUBLIC	8	3		2			
DIST. #4	PUBLIC	4			2	1		
	PRIVATE		*6					
EDGEFIELD	PUBLIC	4	1		1	1		
	PRIVATE		*1					
FAIRFIELD	PUBLIC	6	1		1	1		
	PRIVATE		*1					
FLORENCE								
DIST. #1	PUBLIC	12		3	3	1		1
DIST. #2	PUBLIC	1	1		1			
DIST. #3	PUBLIC	5	1	1	1			
DIST. #4	PUBLIC	1	1		1	1		
DIST. #5	PUBLIC	1	1		1			
	PRIVATE		*12					
GEORGETOWN	PUBLIC	9	4		4	1		
	PRIVATE		*6					
GREENVILLE	PUBLIC	55	16	3	1	1		
	PRIVATE		*33				1	2
GREENWOOD								
DIST. #50	PUBLIC	7	2	3	1	1		1
DIST. #51	PUBLIC	2		1	1			
DIST. #52	PUBLIC	1	1		1			
	PRIVATE		*5					

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

SCHOOL DISTRICT	TYPE	ELM 1-4	MID 5-8	JR HI 7-8	HIGH 9-12	POST VOC TRDE	COMM JR COLL	COLL UNIV
HAMPTON								
DIST. #1	PUBLIC	4	1		1			
DIST. #2	PUBLIC	1	1		1			
	PRIVATE		*1					
HORRY	PUBLIC	20	8		7		1	
	PRIVATE		*10					
JASPER	PUBLIC	2			1			
	PRIVATE		*2					
KERSHAW	PUBLIC	10	3		4	1		
	PRIVATE		*5					
LANCASTER	PUBLIC	13	1	2	4	1		1
	PRIVATE		*1					
LAURENS								
DIST. #55	PUBLIC	7	1		1			
DIST. #56	PUBLIC	4	2		1			
	PRIVATE		*2					1
LEE	PUBLIC	3	2		2	1		
	PRIVATE		*1					
LEXINGTON								
DIST. #1	PUBLIC	6	1		3	1		
DIST. #2	PUBLIC	9	4		2			
DIST. #3	PUBLIC	2	1		1			
DIST. #4	PUBLIC	2	2		1			
DIST. #5	PUBLIC	7		2	2			
	PRIVATE		*10					
MCCORMICK	PUBLIC	1	1		1			
	PRIVATE		*1					

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

SCHOOL DISTRICT	TYPE	ELM 1-4	MID 5-8	JR HI 7-8	HIGH 9-12	POST VOC TRDE	COMM JR COLL	COLL UNIV
MARION								
DIST. #1	PUBLIC	2	2		1	1		
DIST. #2	PUBLIC	3	1	1	1			
DIST. #3	PUBLIC	2			1			
DIST. #4	PUBLIC	1			1			
	PRIVATE		*4					
MARLBORO	PUBLIC	8	2		5			
	PRIVATE		*2					
NEWBERRY	PUBLIC	11	2		3	1		
	PRIVATE		*2					1
OCONEE	PUBLIC	12	6	1	4	1		
	PRIVATE		*5					
ORANGEBURG								
DIST. #1	PUBLIC	2			1			
DIST. #2	PUBLIC	1			1			
DIST. #3	PUBLIC	4	3	1	1			
DIST. #4	PUBLIC	1	1		1	1		
DIST. #5	PUBLIC	6	3		1	1		1
DIST. #6	PUBLIC	1			1			
DIST. #7	PUBLIC	1		0	1			
DIST. #8	PUBLIC	1		0	1			
	PRIVATE		*11					2
PICKENS	PUBLIC	15	1	4	4	1		1
	PRIVATE		*6					1

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SCHOOL DISTRICT	TYPE	ELM 1-4	MID 5-8	JR HI 7-8	HIGH 9-12	POST VOC TRDE	COMM JR COLL	COLL UNIV
RICHLAND								
DIST. #1	PUBLIC	30	8		7	1		1
DIST. #2	PUBLIC	3	9		2			
	PRIVATE		*21				1	4
SALUDA	PUBLIC	2	1		1			
	PRIVATE		*1					
SPARTANBURG								
DIST. #1	PUBLIC	5		1	2	1		
DIST. #2	PUBLIC	7		1	2	1		
DIST. #3	PUBLIC	4		2	1			
DIST. #4	PUBLIC	2		1	1			
DIST. #5	PUBLIC	5		1	1			
DIST. #6	PUBLIC	10	3		1	1		1
DIST. #7	PUBLIC	9		3	1	1		
	PRIVATE		*8				2	2
SUMTER								
DIST. #2	PUBLIC	9	1	1	3		2	
DIST. #17	PUBLIC	6	2		1	1		
	PRIVATE		*8					1
UNION	PUBLIC	6	1	1	3	1	2	
	PRIVATE		*2					
WILLIAMSBURG	PUBLIC	9		1	4	1		
	PRIVATE		*2					

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

SCHOOL DISTRICT	TYPE	ELM 1-4	MID 5-8	JR HI 7-8	HIGH 9-12	POST VOC TRDE	COMM JR COLL	COLL UNIV
YORK								
DIST. #1	PUBLIC	3		1	1	1		
DIST. #2	PUBLIC	3	1	1	1			
DIST. #3	PUBLIC	14		1	1			1
DIST. #4	PUBLIC	2	1		1			
	PRIVATE		*9				2	
TOTAL		609	450	48	182	** 45	** 19	** 30

*See Addendum Chart for special grade breakdown of Private Schools for Grades K-12. All Private Schools listed by County, rather than District.

**#Of Voc/Tech and Jr. Colleges and Colleges exceeds total number of higher education institutions as many voc/tech serve a number of multi-county regions and are listed individually for each county they serve.

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

TABLE 11.C.3
NUMBER OF SCHOOLS BY TYPE AND SCHOOL DISTRICT
SOURCE: SC DEPARTMENT OF EDUCATION ANNUAL REPORT 1988-89

SPECIAL SCHOOLS AND DISTRICTS

SOURCE: SC DEPARTMENT OF EDUCATION ANNUAL REPORT 1988-89

NOTE: Abbreviations are described at end of Table II.C.3

SCHOOL	ELEM 1 - 4	MIDDLE 5 - 8	JUNIOR HIGH 7 - 8	HIGH 9 - 12
FELTON LAB SCHOOL S.C. State College Orangeburg, S.C.	1			
PALMETTO UNIFIED Department of Corrections Columbia, S.C.				9
SC SCHOOL FOR BLIND AND DEAF Spartanburg School Dist. 7 Spartanburg, S.C.	2			3
SC YOUTH SERVICES DISTRICT Department of Youth Services Columbia, South Carolina			2	1

NOTE: Abbreviations were used to descibe the following:

ELEM	Elementary
MID.	Middle
JR. HI.	Junior High
POST	Post Secondary
VOC.	Vocational/Trade
COMM.	Community
JR.	Junior
COL.	College
UNIV.	University
DIST.	District

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

ADDENDUM TO TABLE 11.C.3
NUMBER OF PRIVATE ELEMENTARY AND SECONDARY PRIVATE SCHOOLS
BY COUNTY

COUNTY	GRADES 1-8*	GRADES 9-12	GRADES 1-12
ABBEVILLE			3
AIKEN	8		4
ALLENDALE	1		
ANDERSON	3		2
BAMBERG			1
BARNWELL			4
BEAUFORT	5		9
BERKELEY	2		3
CALHOUN			3
CHARLESTON	18	2	12
CHEROKEE			2
CHESTER	1		1
CHESTERFIELD	1		2
CLARENDON			2
COLLETON			3
DARLINGTON	1		3
DILLON			1
DORCHESTER	4		2
EDGEFIELD			1
FAIRFIELD			1
FLORENCE	6		5
GEORGETOWN	4		2
GREENVILLE	15	1	13
GREENWOOD	2		3
HAMPTON			1
HORRY	4		5

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

SECTION III

THE SMOKING PROBLEM

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

III. The Smoking Problem: This section describes the extent of the smoking problem in SC with a special emphasis on the relationship of smoking to health problems of the people of SC. Requested tables are included.

SC lags far behind many states and the nation overall in almost all health indices. For example, the Northwestern Life Insurance Company in 1990, ranked SC ninth from the bottom in the overall state health rankings. Morbidity and mortality indices demonstrate an even greater disparity of health status of the state's minority population. Smoking contributes to approximately 14% of all deaths each year in SC. In 1988, it is estimated that 4,246 people died as a direct result of smoking.

Approximately 26% of the population, or 678,110 people, smoked in 1988. Larger percentages of males, particularly black males, smoke. While the number of female smokers continues to rise and deaths due to female lung cancer have exceeded the number of deaths due to breast cancer, women are still the group that smoke the least. Black women have the lowest percentage of smokers.

A. The Smoking Problem in SC:

1. Prevalence:

a. Data from 1985 Current Population Survey (CPS): The 1985 Current Population Survey (CPS), found that 25.7 (± 4.0) percent of SC citizens aged 16 and older smoked. This is estimated to be 678,110 people in 1988.

b. Local Prevalence Surveys: Two statewide health surveys that contained smoking prevalence modules have been conducted by the SC Department of Health and Environmental Control (DHEC): these were the Carolina Health Survey (CHS) and the SC Behavioral Risk Factor Surveillance System (BRFSS).

The CHS was a part of the SC High Blood Pressure Control Project. The survey was conducted in 1979 and 1982 and responses were obtained from 7,590 household members. Smoking prevalence was reported as 35% in 1979 and 36% in 1982.

The BRFSS has been obtaining smoking prevalence data since 1984. These data show a slight decline in the prevalence of smoking from 26.2 (± 3.6%) in 1984 to 24.2 (± 2.2%) in 1989.

c. Gender Differences: The 1985 CPS data for SC show that 32% of adult males smoked, while only 20% of

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

adult females smoked. The higher smoking prevalence among males is consistent with the national data.

Smoking among pregnant females is of particular interest due to the potential complications facing both mother and infant. In 1989, DHEC conducted a statewide survey of public health maternity clinic patients and found that nearly 10% reported smoking over 10 cigarettes per day at the time of their first clinic appointment.

d. Differences by Race: The 1988 estimates of current SC smokers based on the CPS prevalence rates, by race, show that about 558,000 white adults and 231,000 black adults smoke.

e. Differences by Age: The percentage of smokers increases by age in younger age groups, but drops off after about age 60. Across all age groups, males have a greater percentage of smokers than females.

The SC Commission on Alcohol and Drug Abuse (SCCADA) youth survey conducted in the Fall of 1989 assessed cigarette use in grades 7 to 12. The survey examined: 1) cigarette use in the last 30 days; 2) cigarette use in the last 12 months; and 3) ever use of cigarettes. The data indicate that by the 9th grade approximately 22% use cigarettes on a regular basis and that this pattern is pretty well set by the ninth grade. Almost 50% of young people try cigarettes by the ninth grade.

f. Differences by Occupation: The CPS data reveal a significant difference by occupation and by gender. Forty-five percent of male blue collar workers smoke compared with 36% of male service workers and 29% of male white collar workers. The prevalence of cigarette smoking among females is greater among blue collar workers (34%) and service workers (33%) than white collar workers (26%).

g. Use of Smokeless Tobacco

The 1985 CPS data show that 6% of the adult males in SC use smokeless tobacco: 5% chewing tobacco, and 1% snuff. The 1987 BRFSS also examined smokeless tobacco use and found that 6% were current users. Males were five times more likely to use smokeless tobacco than females.

The SCCADA survey also included data on adolescent smokeless tobacco use. The survey examined the

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percentage of youth reporting current use, use within the past year, and use within their lifetimes. By the tenth grade, smokeless tobacco use seems to be set for 7-8% of the young people. Almost 20% of young people have tried smokeless tobacco by the time they complete high school.

2. Smoking-Related Mortality: There has long been a disparity between the health status of SC residents and the residents of other states. SC has led the nation in infant mortality, stroke and certain types of cancer. SC has a large percentage of the population that is un-insured or under-insured. High risk groups, such as the poor and the near poor, have long been at greater risk for health problems than those who are better educated and employed in meaningful jobs.

   Tobacco use is reflected in the high death rates among risk groups in the state. Evidence indicates that a drop in the percentage of people who smoke will reduce premature mortality and will enhance the productivity of South Carolinians. This section discusses the extent to which smoking impacts the health status of the state.

   a. Leading Causes of Death in SC: In 1987, the ten leading causes of death were: diseases of the heart; cancer; cerebrovascular disease; accidents; chronic obstructive pulmonary disease and allied conditions; pneumonia and influenza; diabetes mellitus; infectious and parasitic diseases; suicide; and chronic liver diseases and cirrhosis. These causes accounted for 83% of the total deaths for that year.

      Smoking-Attributable Mortality, Morbidity, and Economic Cost (SAMMEC) data for 1987 show that SC had 4,114 smoking-attributable deaths, accounting for over 14,815 Years of Potential life Lost (YPLL) or premature death before age 65. The smoking-attributable mortality rate for 1987 was 121.4 deaths per 100,000 population.

      Heart Disease: Diseases of the heart are the leading cause of death and disability in SC. In 1987, diseases of the heart accounted for deaths of 9,859 people, representing 34.6% of all deaths that year. Of those 52% were males and 29% were among nonwhites.

      The Years of Potential Life Lost (YPLL), a measure of premature mortality, for diseases of the heart have decreased only slightly for all race/sex groups since 1979, except for nonwhite females. Premature

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

mortality, for males for heart disease is over twice as great as for females, and the premature mortality rates for nonwhites are greater than for whites.

Cancer: Cancer ranked as the second leading causes of death for the state in 1987. Deaths due to cancer that year totaled 5,900, or 21% of the total deaths. Of these, 56% were male and 28% were among nonwhites.

SC death rates due to cancer of the respiratory system have steadily increased since 1972. The death rate per 100,000 population was 26.6 in 1972 and had risen to 48.1 by 1986.

In 1987, the premature mortality rates (YPLL per 100,000 population) for all cancers show that nonwhite rates (977 for males and 877 for females) are slightly higher than white rates for both sexes (899 for males and 833 for females). The statewide premature mortality rate for all cancers was 3,586 YPLL per 100,000 population.

Stroke: In 1986, SC led the nation in deaths due to stroke. SC lies in the nation's "stroke belt." Almost all of these excess deaths are to black people; the white stroke death rates are similar to the nation's rates. Stroke was the third leading cause of death in SC in 1987. In that year, 2,553 people died, representing 9% of the total number of deaths.

There is a striking difference between premature mortality rates for whites and nonwhites. The stroke premature mortality rate for nonwhite males is almost four times that of white males (412 for black males and 121 for white males), while the premature mortality rate for nonwhite females is over three times that of white females (340 for black females and 115 for white females). The statewide premature mortality rate for strokes was 988 YPLL per 100,000 population.

Pulmonary Diseases: The 1987 deaths due to chronic obstructive pulmonary disease and allied conditions (chronic and unqualified bronchitis, emphysema, asthma, and other chronic obstructive pulmonary diseases) numbered 908. This represented 3.2% of all deaths that year. Of these 64% were males and 19% occurred among nonwhites. Death rates due to COPD and allied conditions have almost doubled since 1972. The rate in 1972 was 14.4 per 100,000 population and had risen to 25.7 by 1986.

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

The premature mortality rates for COPD have either remained steady or decreased slightly for each sex/race group except for white males, whose rate has decreased from 82 in 1979 to 59 in 1987. The 1987 premature mortality rate for nonwhite males is almost twice as high as white males, while the premature mortality rate for females is almost equal. The statewide premature mortality rate for COPD was 285 YPLL per 100,000 population.

Smoking and Fires: SC has ranked in the top three states for the highest fire-related death rate per capita for many years. There were 164 fire-related deaths in 1988. Smoking was second only to heating as the cause of those fire deaths. According to the State Fire Marshal in 1986, there were 139 fire-related deaths and 48% of those can be attributed to cigarette smoking. Cigarette smoking accounted for 12.8% of the total property damage, for an estimated statewide loss of $77.7 million.

3. Smoking-Related Morbidity: The 1987 hospitalization data for SC show that there were over 58,000 hospitalizations due to CHD, all cancers, strokes and COPD. The 1987 hospital discharges for the four major conditions are as follows: heart disease, 41,235; cancer, 18,480; stroke, 10,602; COPD, 7,012.

4. Smoking-Related Health Care Costs: SC is considered to be a relatively poor state, but in 1985, the direct mortality, indirect mortality, and indirect morbidity costs attributable to adult smoking was a staggering $634 million. The fact that this cost is totally preventable only underscores the importance of reducing the prevalence of smoking in this state.

   Direct health care costs associated with smoking include the cost for hospitalization, physician services, nursing home care, medications, and professional services. The total cost for SC was estimated to be $228 million for 1985.

   The indirect mortality costs attributable to adult smoking include the loss of earnings due to smoking-related diseases such as lung cancer, other neoplasms, ischemic heart disease, and other cardiovascular diseases. The 1985 total was estimated to be $282 million. Premature deaths from lung cancer and ischemic heart disease accounted for a large portion of the costs for both genders.

   The total direct and indirect mortality costs attributable

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

to smoking were $510 million. The total for males was alone was $383 million.

There also is a significant burden due to indirect morbidity costs in SC. National Health Interview Survey data on work-loss days, disability days, and the percentage of the population unable to work due to disabling illness was used to estimate these smoking attributable costs. The total estimated cost for indirect morbidity in the state was $124 million in 1985.

B. Smoking and Health Problem as Justification for Proposed Intervention Region:

The entire state of SC is proposed as the intervention region. The state has high numbers of high risk groups such as minorities, the poor and the undereducated that will be targeted through this project.

1. Ethnic Minorities: The black population makes up 30.5% of the population, or approximately 1,067,500 citizens. Blacks represent 97.3% of the state's minority population. It is well known that tobacco companies have been concentrating recently on targeting minorities and black women in particular. The burden of disease and death disproportionately affects minorities in this state. Premature mortality is much greater among minorities for heart disease, cancers, strokes and COPD. SC's minority citizens cannot afford to continue to carry the present burden of poor health and premature deaths due to smoking-related and largely preventable diseases.

2. Youth: In 1985, the largest number of state residents were in the 25-34 year age group, followed by those who are 15-25. Also, the black population is younger than the white population in SC. Smoking begins primarily during childhood and adolescence. According to the Surgeon General's report, more than 3,000 adolescents across the nation begin to smoke each day. At the same time, the tobacco industry spends $3,000 a minute to promote tobacco use--more than is spent on any other consumer product. Since SC is still a relatively young state and has a significant percentage of smokers (25.7%), the burdens of smoking-related consequences will be present for many generations to come.

3. Unemployed Persons: In 1987, the SC unemployment rate was 5.6%. Of the estimated 91,000 unemployed in 1987, 59% were black and 58% were women. The highest unemployment rate was among black adolescents aged 16 to 19. Since unemployed persons have higher rates of smoking than

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

employed persons, the minority population in SC is doubly at risk for higher smoking rates and subsequent health problems.

4. Socio-Economic Status: In 1983, 21% of the population in SC lived below the federal poverty level. This put SC in the top ten of the states with their population living below the poverty level. Most of those families were single parent households headed by black women. Tobacco companies are focusing on increased advertising that speaks of "new, lower priced" products designed to entice even low income citizens to become smokers.

5. Blue-Collar Workers: The state's economy primarily consists of agriculture, manufacturing and tourism. As a result, the number of blue-collar workers is substantial. Many blue-collar workers in SC are minorities. Once again, blue-collar workers have increased rates of smoking, which significantly multiplies the smoking problem among minorities in this state.

6. Women: Females slightly outnumber males in the state. Tobacco companies are focusing much of their advertising at women and it appears to be a very effective strategy. The increase in lung cancer deaths among women stands as startling testament to its effectiveness. Smoking during pregnancy is of particular concern due to the risks to the fetus and the resultant low birth weight and infant mortality. SC has among the highest infant mortality rates in the nation; smoking is thought to be a significant contributor to this problem.

7. Less Educated Individuals: In 1980, 46% of persons 25 years old and over had completed less a high school education in this state. The prevalence of smoking is higher among less educated persons. In SC, an additional burden among the minority population is that many of the lower educational levels are seen among these individuals.

Many factors combine to make the entire state of SC the best intervention site. Because the state is relatively small, a statewide program could be implemented that would be realistically manageable and reasonable at the same time. In addition, there is no significant geographic variation, allowing for complete coverage of intervention programs.

As discussed in other sections, the SC Department of Health and Environmental Control is a centralized agency with the central office located in the center of the state. The centralized structure ensures that statewide programs can be implemented in every health district and county health

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

department, allowing access to all citizens of the state. The DHEC board has gone on record in support of efforts to reduce tobacco use and will support the statewide coalition and Project ASSIST.

Other state agencies and organizations have similar centralized structures, which will greatly enhance intervention program efforts. These agencies and organizations have a history of cooperation to improve the health of the citizens. For example, the American Cancer Society, American Heart and Lung Associations have worked closely with DHEC on many health promotion efforts for many years. Many of these agencies and organizations have committed to work together in the Tobacco Free SC coalition.

Some significant strides have already been taken in this state to control tobacco use. The 1990 Clean Indoor Air Act illustrates the legislative level of interest in limiting the use of tobacco products in certain areas. Most of the hospitals are smoke-free, and the SC Medical Association is encouraging all hospitals and physicians offices to become smoke-free. Restaurants and worksites are designating smoke-free areas or becoming smoke-free.

SC is a state that has significant smoking-related problems. It is considered a "tobacco state," and for years the tobacco industry has worked to convince South Carolinians that tobacco is good for the state. The tobacco companies are currently targeting selected populations through their ad campaigns and promotional gimmicks. However, the staggering health care costs and fire-related property losses attributable to tobacco use demonstrate that tobacco is not good for the state.

SC has significant at-risk groups that would to benefit from a comprehensive statewide program to reduce tobacco use. SC has excellent resources that can be used to successfully conduct a statewide campaign to decrease the use of tobacco products. While many efforts are already underway, the assistance that would be available through Project ASSIST would significantly improve the ability of the state to decrease the prevalence of smoking.

C. Required Tables: Table III.C.1. and Table III.C.2. are included as requested.

1. Table III.C.1. contains smoking prevalence by gender for adult smokers.

2. Table III.C.2. provides the smoking related mortality due to cancer, lung and heart disease.

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

TABLE III.C.1

SMOKING PREVALENCE BY GENDER
(Current smokers 16 years of age and older)
SC, 1988

Gender	Percent	Total
Male	32.1	424
Female	20.4	254
Total	25.4	678

* In thousands

Source: Estimates from 1985 Current Population Survey and 1988 Census Projects.

Table III.C.2.

Smoking Related Morbidity and Mortality
Due to Cancer, Lung and Heart Disease
SC, 1987

CONDITIONS	TOTAL NUMBER OF DEATHS
COPD	18.2
CHD	223.5
STROKE	74.6
LUNG CANCER	51.0
OTHER CANCERS	32.8
OVERALL*	831.5

Source: 1987 SC Vital Statistics

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

SECTION IV

INTERVENTIONS

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

IV. Interventions:

A. Policy:

1. Political Organization: This section discusses the political organization of the state and local jurisdictions and administrative structures.

   The information requested has been described in detail in Section I.C. The reader should refer to that section for an indepth discussion of state and local jurisdictions and administrative structures.

2. History and Current Status of Public Smoking Policies:

   a. Clean Indoor Air Policy: In January, 1990, the SC Clean Indoor Air Coalition conducted a survey of county and municipal offices regarding their non-smoking ordinances. At that time, fourteen cities or counties had a non-smoking ordinance. The oldest ordinance was passed in the city of Manning in 1977, and the most recent ordinance was in the city of Beaufort, passed in 1989. All current ordinances are listed in Appendix IV-1.

   At the state level, the SC Clean Indoor Air Act of 1990 was passed on May 3, 1990, and signed by the Governor on May 30, 1990. It is the first law passed in SC addressing clean indoor air and is an excellent first step towards major smoking reform in this tobacco state. This act prohibits smoking in certain public indoor areas except where a smoking area is specifically designated. These smoking prohibited areas include the following: public schools, health care facilities, government buildings, elevators, public transportation vehicles (except taxi cabs), arenas, auditoriums and public theaters. Violation of this act constitutes a misdemeanor offense. The passage of this act eliminates one of the gaps to providing a statewide reduction in smoking. Additional restrictions are needed in restaurants, businesses and the community-at-large to effect further reductions in tobacco use in this state. A copy of the Clean Indoor Air Act is given in Appendix IV-2.

   Health Care System: The SC Medical Association has been very active in promoting the reduction of the use of tobacco products. The Association has two smoking policy statements. One urges all hospitals and physicians' offices to be smoke-free; the other is a

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resolution supporting a 50 cents per pack tax on cigarettes.

The SC Hospital Association in 1987, set a goal to have all SC hospitals smoke-free by 1990. A task force composed of hospital administrators, public relations specialists, nurses and health educators was established to encourage hospitals to become smoke-free and to develop a policy to accomplish that. At this time, sixty-eight of the 70 general acute care hospitals are smoke-free.

Worksites: The recently passed Clean Indoor Air Act restricts smoking in all government buildings in SC. This encompasses approximately 255,600 government employees (38,300 federal, 83,500 state, 133,800 local).

The Wellness Council of the Midlands (WELCOM) provides leadership for the development of worksite health promotion programs. WELCOM has a membership of over 55 businesses/ organizations and has encouraged them all to become smoke-free. They provide model program guidelines to their members and interested others for the development of smoking policy.

Schools: With the passage of the Clean Indoor Air Act, smoking is now prohibited in public schools, pre-schools and day care centers, except in enclosed private offices and teachers' lounges. This affects 35,681 public school teachers and 614,889 public school students from K - 12th grade. Individual school districts make their own decisions as to the availability of smoking areas for staff and/or students.

The SC School Boards Association has written a policy that prohibits the possession or use of any tobacco products or tobacco paraphernalia while students are on school grounds, in school buildings, on buses, or during any other time they are under the direct administrative jurisdiction of the school. Currently this policy has been adopted by 54 districts, or 60% of all school districts in SC. The policy affects approximately 368,933 students and demonstrates the school systems willingness to address and change current smoking policy.

Community Networks: Although no general policies have been identified, SC has an extensive community network system through schools, churches, clubs, (Rotary,

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Urban and Junior Leagues, Scouts) in which policies can be implemented.

Community Environment: The Clean Indoor Air Act was an important step in creating a state-wide smoke-free community environment. Smoking is now restricted in community centers, theaters, auditoriums, public transportation (except taxis) and elevators. Restaurants offering non-smoking sections are becoming more common in SC, but two surveys reveal that there is a great need to encourage more restaurants to either restrict smoking altogether or provide separate dining areas. In 1987, the SC Clean Indoor Air Coalition surveyed Greater Columbia restaurants and found that 73 (12%) had non-smoking sections while four of the restaurants (0.67%) totally prohibited smoking. In 1985, a survey of the Charleston area revealed that 18 out of 235 restaurants canvassed (7.7%) had no smoking sections. A 1989 survey in Aiken, SC revealed that only four out of 48 restaurants surveyed (8.3%) offered non-smoking areas.

b. Policies Restricting Access To Tobacco By Minors: SC has one of the oldest laws on record (1889) regarding sale of tobacco products to minors. A copy of this law is given in Appendix IV-3. The law prohibits the sale, furnishing, giving or providing of cigarettes or tobacco to minors (anyone under 18 yrs. of age) in SC. If one is indicted and convicted, a fine of $25.00 to $100.00, and imprisonment of two months to one year, or both could be handed down by the court. Currently there is little, if any, enforcement.

c. Policies Reducing the Demand for Tobacco in the State: SC collected $29.9 million in tobacco taxes in 1989. Approximately 90% of that amount is from cigarettes. Packs sold through machines are not taxed separately, since the tobacco tax is levied on wholesalers.

SC imposes a 7-11 cents state tax per pack of cigarettes, according to quantity. Cigars are taxed at 4-8 cents per pack according to quantity. Smokeless tobacco products are taxed at a rate of 5% of the gross selling price. Since a higher tax may deter young people from purchasing tobacco products, there is interest among the SC Medical Association to increase the tax of cigarettes. The association has recommended the adoption of a 50 cents per pack tax.

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Insurance rates serve as an incentive for the reduction of tobacco use. Rates for smokers versus non-smokers rates vary for life, health, and accident insurance., According to the SC Department of Insurance, rates for smokers are between 7 and 15% higher than for non- smokers. A Continental General insurance policy reflects those differences. A health insurance policy for a 35 year old male nonsmoker is $732/year; while a smoker of the same age and sex pays $816/year. A $100,000 life insurance policy for the same male costs $1,098 for a nonsmoker, but $1,300 for a smoker.

3. Health Advocacy Groups in SC: SC has an excellent record with health advocacy groups and coalitions. Some of these groups and coalitions have been in existence for several years, while some are relatively new.

The Wellness Council of the Midlands (WELCOM) is a Chamber of Commerce initiative to advance health promotion and wellness. The Council provides leadership for the development of both worksite health promotion programs and community activities that help individuals achieve and maintain healthy lifestyles. The Wellness Council of the Midlands of SC is only the 15th council of its kind to be formed in the United States. It is supported by and modeled after the other councils which make up the Wellness Councils of America (WELCOA). The region known as the "midlands" in SC is a four county area in the middle of the state which includes the capitol city of Columbia. WELCOM has a membership of over 55 businesses/organizations.

Advocates for Comprehensive Health Education (ACHE) was formed in 1987, and consists of over 55 organizations from both the private and public sector. Their goal is to have sex education (family life, reproductive health, pregnancy prevention and contraceptive education) included in SC's Comprehensive Health Education Legislation. They lobbied the state legislature and demonstrated that there was public support for health education in the public schools. In May 1988, the efforts of ACHE resulted in the passage of the Comprehensive Health Education bill. Sex education was included in this legislation.

Safety Belts for SC is a non-profit organization formed in 1985 to encourage passage of a seat belt law and to educate the public concerning the importance of safety belts. Their efforts resulted in the passage of a mandatory seat belt law on June 1, 1989. Safety Belts for SC does not have a paid membership, but there are hundreds

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of members and supporters who volunteer their time and efforts to spread the safety belt message. Supporters conduct letter writing campaigns to legislators, conduct safety belt surveys on SC roads and highways, promote Buckle Up America week, and other programs.

The SC Clean Indoor Air Coalition is a group of citizens throughout SC who share one common goal -- to promote and support clean indoor air. The coalition has been spearheaded by the American Lung Association, American Cancer Society, American Heart Association, SC Public Health Association; SC Department of Health and Environmental Control, and the SC Hospital Association. It has been at the forefront of publicity, lobbying and negotiation for the recently passed Clean Indoor Air Act. The Clean Indoor Air Act is the culmination of over five years of work by the Clean Indoor Air Coalition. The coalition was formed to develop grass roots support for the clean indoor air bill and has lobbied for political support, produced press releases and press conferences and testified to legislative sub-committees.

The Coalition for a Smoke Free Anderson was formed in 1988 to reduce the prevalence of smoking in Anderson County. It is composed of organizations involved in smoking prevention and cessation activities. Founding members include the American Lung Association, American Cancer Society, American Heart Association, Doctors Ought to Care (DOC) Program, Appalachia I Public Health Department district, and Anderson Memorial Hospital. The coalition is a clearinghouse for community requests for smoking prevention and cessation programs, provides a forum for information sharing and coordinates members efforts in smoking cessation and prevention. In 1989, they organized a community-based "Quit Smoking and Win" competition, supplemented by workplace competitions. Approximately 300 people entered the competition. The coalition has formulated a detailed plan of action for future education and intervention activities.

The Lower Savannah Health Promotion Coalition was formed in 1989 to network and assist with pre-planned community programs that deal with smoking, to provide resources and assistance to the community on smoking cessation activities, and to provide assistance in establishing a smoking policy in community worksites. Activities include distribution of PSA's and a smoking fact sheet with local data, payroll stuffers, community presentations, consultation with local physicians and implementation of non-smoking sections in local restaurants. The group is composed of local health professionals and representatives

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from the American Cancer Society, American Lung Association and the American Heart Association.

The SmokeFree Low Country Coalition was formed in January 1990, with the goal of establishing a smoke-free Low Country by the year 2000. The coalition is composed of representatives from the health department, local hospitals, volunteer organizations and the community at large. The coalition has: created, maintained, and supported an alliance of citizens concerned with smoking cessation and public education; lobbied for the passage of the Clean Indoor Air legislation and are serving as a resource for information on the bill and the implications for SC residents; established target groups for their smoking education and interventions; and created and distributed a smoking cessation resource referral guide for physicians to provide their patients that smoke. This coalition first targeted patients in physicians office and are currently targeting general population. A "Quit and Win" smoking cessation contest to reach this group is underway.

B. Media: This section discusses how the media are organized; current smoking-related media activities and the history of media health promotion by channels.

1. Organization of the Media: The media network in SC is extensive. Television, radio and newspaper cover every county and town. Media sources outside SC's borders also serve areas of the state. Appendix IV-4 contains a complete listing of media sources in the state; this listing is summarized below:

Television: There are currently 39 television stations serving SC. Of those stations, 16 are national network affiliates, 11 are educational, 7 are cable and 5 are out of state stations.

Radio: SC has 173 radio stations. There are 104 AM stations and 69 FM stations. Some of the stations provide both AM and FM services.

Newspapers: There are 168 newspapers produced and distributed throughout SC. Eighteen are daily papers, 110 are weekly and 40 are college newspapers. Ten of the weekly newspapers are black publications targeting SC's black population.

Media Organizations: SC's media are connected through a wide variety of organizations and associations.

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Professionals from television, radio and print media throughout SC use these groups to share ideas and work together. Some of the major groups are described below:

The SC Associated Press Broadcasters Association is a non-profit news cooperative. News stories are shared with members through a statewide wire service and are members of the Associated Press international wire service. Members include representatives from television, radio and newsprint.

The SC Broadcasters Association is a trade organization formed in 1948. It's goals are to improve the quality of broadcasting and improve the professional levels of broadcasters in SC. It provides continuing education through seminars, trade updates through newsletters and benefits such as group insurance to members who represent 130 of the 195 commercial radio and television stations in SC. Membership also includes 75 Associate members from businesses with interests in media (i.e., banks, advertising agencies).

The SC Press Association was founded in 1875 to promote the newspaper industry and fight illiteracy. The association is made up of representatives from 103 newspapers, 38 associate members from newspaper related businesses and 44 individual members of educators and retired newspaper professionals. The association provides journalism scholarships to high school and college students and conducts statewide meetings several times a year.

The Black Media Group is an organization of black media professionals whose goal is to promote and provide information to and about the black population in SC. This organization prints and distributes seven black newspapers throughout SC.

The Radio and Television News Directors Association of the Carolinas is an association made up of approximately 100 television and radio news professionals from North and SC. This association's goal is to keep members aware of the latest issues in the news profession. This is carried out through workshops, seminars and annual meetings.

The SC Scholastic Broadcasters Association is a group of middle and high school broadcasting and media clubs that encourage creative use of electronic media, conduct statewide radio/TV competitions and sponsor

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workshops for students and teachers. The association is run by the University of SC's College of Journalism. Current membership includes approximately 20 schools.

In addition to the above organizations, the SC Associated Press News Council, Society of Professional Journalists, SC News Photographers Association, SC Scholastic Press Association, and Southern Interscholastic Press Association also provide vital news and information services to the state.

2. Current Smoking-related Media Activities: The American Cancer Society's Great American Smokeout is held annually on the Thursday before Thanksgiving. The event is designed to persuade cigarette smokers not to smoke the day of the Smokeout. Publicity for the event originates from the United Press International and the Associated Press, and includes radio, television and newsprint.

   Columbia Quits Smoking is a demonstration project that is a joint effort of Benedict College in Columbia, SC and the University of Massachusetts to help black adults stop smoking. The project is an 18 month campaign that will organize community groups and recruit health advocates to set up workshops and distribute literature. PSA's and paid media announcements are extensively used. The project kicked off its media campaign with a news conference on June 7, 1990.

3. History of Media Health Promotion by Channels:

   Health Care system: In-house newsletters, videos and film are the most common media methods used within the health care setting to promote healthier lifestyles. The health care system also targets other channels through these and other various media. For example, the health department creates and distributes radio and television PSA's directed towards the general public and/or target groups.

   During fiscal year 1990 health information was disseminated statewide as follows through DHEC's Center for Health Promotion:

   1. Sixty-five radio stations and 31 TV stations aired 52 public service educational messages.

   2. Seventy-seven newspapers, 142 worksites and 181 churches published 59 risk factor articles.

   3. Fifty-five organizations sent risk factor articles

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to 68,310 people across the state.

4. There were 21 special feature TV programs and 32 special feature radio programs on selected risk factors.

5. Fifty-two health fairs have served 6,533 people.

Worksites: Industries including Pioneer Manufacturing Company (Santee), Reeves Manufacturing Company (Bishopville), and Springs Mills (Anderson) used posters throughout the work areas and payroll stuffers to promote awareness of chronic disease prevention and control to blue collar workers from since 1975. In 1984, the Campbell Soup Company (Sumter) used posters and payroll stuffers to promote a "Walk Across America" wellness project for employees. In 1985, Carolina Healthstyles began publishing the WellStreet Journal monthly with distribution to all employees throughout the state to promote health behaviors and lifestyle. Great potential exists through statewide associations to reach large numbers of worksites through their publications and other media sources. American Heart, Lung, and Cancer programs have health promotion materials that are used in a variety of work settings throughout the state.

The Wellness Council of the Midlands (WELCOM) uses press releases to recruit worksites and to inform the public about their program. They also produce and distribute a quarterly newsletter to their 55 members throughout the midlands. This newsletter includes tips on various health topics, news of other worksite wellness programs, and information on upcoming events.

Schools: Schools in SC have historically been involved in promoting health to their staff, students and parents through media. School newspapers, newsletters, films and videos are the most common methods used. Smoking Education Week (see Section IV.C.) is a coordinated media and instructional event which utilizes newspapers and instructional television in addition to classroom education in SC schools. Educational television (SC-ETV) is available to public schools statewide for training of faculty, staff or students. Schools are targeted through other channels. The health care system frequently conducts education campaigns targeted to schools. Topics frequently include drug and alcohol abuse, smoking, sex education and safety belts.

Community networks: SC has an extensive array of community networks through schools, churches, and local

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organizations. The media are available to advertise health-related events among these networks. During the past decade churches in rural areas of the state have been including health promotion posters and pamphlets in messages to congregations. Sunday church service programs frequently include health promotion messages.

Community Environment: The community environment has a wide variety of media messages of all kinds. Television, radio, newsprint, billboards, and other forms of advertising are a part of daily life. The SC Commission on Alcohol and Drug Abuse and the Just Say No Clubs utilize television and billboard for messages promoting non-use of alcohol and drugs. During the past decade DHEC has utilized television, radio, newspaper and billboards to reach target audiences with messages about hypertension, diabetes, smoking prenatal care, AIDS prevention, and family planning.

SC Department of Highways and Transportation is currently conducting a media campaign on driving safety entitled "Highways or Dieways". The award-winning campaign includes radio and television spots, billboards, and pamphlets.

The American Heart Association, Diabetes Association, and the American Lung Association are non-profit organizations that have historically advertised health messages in the community environment utilizing television, radio, and newsprint to promote healthy lifestyles. The American Heart Association sent 175 PSA kits to radio stations, 10 kits to television stations, and 185 camera-ready feature/news release kits to papers in 1989-1990. The exact amount of media coverage is almost impossible to track, but the coverage has increased over the past year.

C. Program Services: This section describes the history and current availability of cessation resources by channel, smoking prevention resources by channel, and public education resources.

1. Cessation Resources by Channel:

Health Care System: Many hospitals in SC offer some type of smoking cessation program. Some of the programs are of national origin. For example, the American Cancer Society's FreshStart cessation program was taught to approximately 125 people in hospital settings in 1988-89. That number increased to approximately 390 in 1989-90. Other cessation programs are developed by the hospitals themselves. For example, St. Francis Hospital in

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Charleston, offers a program called Quitting Time. This four week behavior modification program includes the participation of a dietitian, behavior specialist and a physician. Due to the numbers of hospitals in SC, there is excellent potential for expansion of these programs.

The SC Department of Health and Environmental Control offers the American Cancer Society's FreshStart cessation program to its employees on a quarterly basis. In the past year, approximately 45 employees have attended the program. The department often receives requests for cessation programs from outside sources. These requests are referred to appropriate resources such as the American Cancer Society or American Lung Association. These referrals are a good opportunity to increase the number of participants in cessation programs.

Cessation programs are also available through physicians' offices on a limited basis. Some of the programs are developed and provided by the physician. Others are provided by other sources and utilized by individual physicians. For example, the American Heart Association offers a self-help smoking cessation kit, "Calling It Quits" as a part of its Heart Rx program designed for physicians, clinics and HMOs. In fiscal year 1988-1989, 489 individuals utilized Heart Rx materials. In 1989-1990, that number increased to over 1000. SC has several active chapters of DOC (Doctors Ought to Care); physician members of this organization are particularly emphatic in their non-smoking messages to their patients.

Worksites: Many SC worksites now offer smoking cessation classes. Resources in SC make smoking cessation programs available to practically all interested worksites. Many programs are free, while others are available for a charge. Smoking cessation classes range from self-help guides to formalized classes from 2 to 6 sessions. Increased awareness of the hazards of smoking and the cessation programs available in the state will help to increase the numbers of blue and white collar workers that can be exposed to the programs. Available cessation program services include:

FreshStart: The American Cancer Society offers this program which consists of four, one hour sessions held over a two week period. The classes are led by ex-smokers and are designed to help adults quit smoking cigarettes permanently. In 1988-89, approximately 75 SC worksites conducted FreshStart classes, with over 1,060 employees participating. In 1989-90, approximately 236 worksites conducted FreshStart

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classes with over 3,315 people participating.

Freedom From Smoking: The American Lung Association offers this program to help people quit smoking. It is a six session program that is taught over a one month period. It is based on positive lifestyle choices and behavior modification. In fiscal year 88-89, 37 SC worksites held Freedom From Smoking classes with 550 employees participating.

Calling It Quits: The American Heart Association offers this self-help kit to worksites upon request and is also included in their worksite wellness program entitled Heart At Work. During 1988-1989, 91 SC organizations were enrolled in Heart at Work, with a total of 33,504 employee participants. Forty-five of those organizations offered the smoking module, which includes "Calling It Quits".

Schools: Although the emphasis in the schools is on prevention, cessation resources are also available. The American Heart Associations' Save A SweetHeart is an 11-week smoking intervention program for students in middle schools and senior high schools. It is a peer oriented program that involves collecting pledges in which the students agree not to smoke on Valentine's Day. In the 1988-89 school year, 25,419 SC public school students pledged during the program. In 1989-90, 60,353 students pledged. This increase was the result of the American Heart Association's emphasis on working with local school districts.

Community Networks: The American Lung Association, Cancer Society, and the Heart Association are equipped to provide smoking cessation classes and materials to any community organization. Their networks cover all regions of the state. Increased awareness of the availability of these programs should result in greater usage of them. The American Cancer Society has recently convened a state-wide task force to address expanding delivery of services to socio-economically disadvantaged communities.

Community Environment: The FreshStart cessation program is available to the community upon request. In 1988-89, approximately 62 people in the community participated in FreshStart, and in 1989-90, that number increased to approximately 195. The Cancer Society also offers a program called Smart Move. This program is a self-help guide to smoking cessation. Over 600 community members received Smart Move in 1988-89 and approximately 375 in 1989-90. This reduction resulted from the American Cancer

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Society's increased emphasis on the FreshStart program.

Cessation programs available to the community include the previously discussed programs from the American Cancer Society, Lung Association and the American Heart Association. Also available are programs from the YMCA, local hospitals and independent groups. A cancer information and smokers' hotline is available via a toll-free number, Monday - Friday from 9AM - 5PM, with callback procedures after hours and on weekends.

SC Program Assistance Line (PAL): The SC Lieutenant Governor's office provides a program assistance telephone line that has a statewide toll-free number. Inquiries for smoking cessation programs are referred to local organizations and hospitals.

ASKUS Information Line: The University of SC provides an information line that gives recorded messages on a number of health topics, including smoking cessation. The cessation recordings provide a variety of suggestions to quit smoking, and also refer listeners to other community organizations that provide smoking cessation programs.

The Columbia Quits Smoking Project: This demonstration project is a joint effort of Benedict College (in Columbia) and the University of Massachusetts to help black adults stop smoking. The grant will organize community groups and recruit health advocates to set up workshops and distribute literature. PSAs and paid media announcements will be used. Pre and post surveys will be used to evaluate effectiveness.

2. Smoking Prevention Resources by Channel

Health Care system: The health care system utilizes a wide variety of smoking prevention resources. Some health care settings create and distribute their own materials (i.e., hospitals, health departments, physician offices). Others use materials from outside sources. For example, in 1988-89, the American Cancer Society reached approximately 3,429 adults in health care settings through literature, health fairs and other prevention programs. That number increased to 6,000 in 1989-90.

Worksites: Worksite smoking prevention resources are available through the American Heart and lung Associations and the American Cancer Society The American Heart Association's "Heart at Work" program is designed to help promote a smoke free work environment and create awareness

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of the risks of smoking. In fiscal year 1988-1989, 26,706 employees in 45 worksites participated in the Heart at Work smoking module. The American Cancer Society and the American Lung Association have numerous smoking prevention materials and programs available to worksites.

Schools: Smoking prevention resources for schools are available through American Heart and Lung Associations and the American cancer Society. Smoking prevention education in schools was mandated with the passage of the Comprehensive Health Education Act in 1988. Through this Act smoking prevention education is mandatory during grades K-8. For grades 9-12, smoking education is taught during one of the four years. The 1990-1991 school year will be the third year of implementation of the law. The University of SC Office of School Health Education assists SC public schools in the implementation of the Comprehensive Health Education Act by identifying needs and progress in implementation of the act, identifying and compiling educational resources to assist comprehensive health education coordinators and teachers, and identifying, planning, and coordinating training opportunities for health education coordinators and teachers.

The American Heart Association, American Cancer Society and American Lung Association have implemented the Smoke Free Class of 2000 program in SC schools. This comprehensive smoking prevention program began in 1988, with first graders who will graduate from high school in the year 2000. One thousand first grade teachers received the program in 1988. In 1989, 1,182 second grade teachers received kits, and it is estimated that 1,350 third grade teachers will participate in 1990.

The third week in January has been declared the SC Smoking Education Week. This program began nine years ago and was designed to address the smoking problem among young people from grades K-12. The program's objective is to reach as many school-aged children as possible through participation with every school in SC. It provides an intense week-long learning experience focusing on the hazards of tobacco. The anti-smoking message is directed at both school children and their family members. The program includes a newspaper entitled "Smoke Signals" which is grade-specific. In 1990, 330,603 students received the newspaper, which was an increase of 4,470 from the previous year. Continued use of the program should result in an increase in the number of school children exposed to this information.

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Although little documentation exists in regards to their use, smoking prevention resources are readily available to SC's extensive community networks. The extensive network of churches in SC provide excellent opportunities to disseminate information about smoking prevention. State agencies and volunteer organizations routinely provide presentations and literature to community groups. For example, in 1989, approximately 15% of all smoking prevention literature sent out by the American Cancer Society went to clubs and organizations throughout SC. This information was distributed to over 9,000 people. Increased awareness should increase the numbers of community groups exposed to these materials.

Community Environment: The American Heart and Lung Associations, and the American Cancer Society offer smoking prevention education and materials for the community. The American Heart Association distributed approximately 18,100 smoking-related brochures and posters in fiscal year 1989-1990. The American Cancer Society distributed approximately 50,600 pieces of preventive smoking literature in FY 88-89, while in 1990, the number distributed increased slightly to 60,000. It is estimated that 85% of that literature was distributed to the general public.

The SC Department of Health and Environmental Control offers two smoking prevention educational pamphlets. One addresses cigarette smoking and the other addresses smokeless tobacco. These materials are available at no charge to the community upon request. The distribution of these materials from 1985-1989 are as follows:

Year	Smoking	Smokeless Tobacco
1985	5,245	4,561
1986	5,945	7,398
1987	7,537	3,731
1988	9,986	5,809
1989	15,403	7,635

3. Public Education Resources: Public education resources are available through state agencies, volunteer organizations, schools, annual conferences, and media sources.

State Agencies: The SC Department of Health and Environmental Control has an Educational Resource Center which contains numerous educational brochures, posters, pamphlets, films, and videos for public education. These materials are available free of charge to any individuals or groups statewide. Currently, there are over 1,300 films

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and 300 videos covering an extensive array of health topics. In 1989, 2,164 films and videos were sent out and viewed by 88,361 people. The center stocks over 600 titles of written educational materials covering a wide variety of health topics. These materials can be useful for any of the channels. The distribution of written materials from 1985-1989 was as follows:

Year	Total Materials
1985	1,067,633
1986	1,609,201
1987	1,681,843
1988	1,709,651
1989	1,649,322

Volunteer Organizations: The numerous volunteer organizations throughout the state serve as a major resource for educational materials (i.e., The American Heart and Lung Associations, the American Cancer Society, the American Diabetes Association, the Easter Seal Society, the Leukemia Society of America, the Sickle Cell Foundation).

Schools: The school system in SC has many educational resources available to students. Through interactions with the students and their families, these resources have the potential of influencing an even greater number of people.

The National Black Family Summit: The National Black Family Summit is an annual conference sponsored by the University of SC College of Social Work, two urban leagues, and several human services agencies in the state. The conference has existed for approximately five years and has grown over the last two years to the extent that it has become a national event. A wide variety of social, economic, and health issues pertinent to blacks are presented. Sessions specifically addressing the smoking problem are included.

Annual Conference on Black Health Issues: This annual conference is in its third year and has been well attended by interested people in all walks of life from all over the state. Attendance increased from 78 to over 250 participants last year to 500 this year. It is sponsored by the Greenville Technical College. This year the American Lung Association is presenting a workshop addressing the negative affects of cigarette advertising in the black community. Future presentations will continue to update the community about the hazards of smoking among blacks in SC.

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Media Sources: State and local newspapers, television stations and radio stations provide articles, programs, and information for public education about the risks of tobacco use. A listing of the newspapers, television stations and radio stations currently in SC are included in the Appendix IV-4.

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SECTION V

MANAGEMENT PLAN

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V. Management Plan: This section will describe and justify a management structure for intervention planning and delivery; presents an organizational chart that delineates lines of authority for project management and decision making; and proposes a management structure and decision making process that will insure ACS-Health Department communication, and will support the fulfillment of requirements of Phase I.

A. Management Structure: This section will describe and justify a management structure for intervention planning and delivery, based on site demographics, the smoking problem, available resources, and other pertinent factors. Project ASSIST in SC will be a statewide project, governed by the Tobacco Free SC coalition and staffed by the SC Department of Health and Environmental Control (DHEC).

Description of Management Structure: The management structure proposed for the SC Project ASSIST revolves around the Tobacco Free SC coalition, which is described in detail in Section VI of this application. It should be noted here that the coalition currently consists of the full coalition, a coordinating committee, and three standing committees. The full coalition includes all members, both organizational and individual. The coordinating committee includes 13 members: Chairman, Vice-Chairman, Secretary-Treasurer, 3 chairmen of the standing committees, and 10 at-large members elected by the full coalition. The coordinating committee is empowered to conduct business on behalf of the full coalition on matters that may require action in between meetings of the full coalition. The three standing committees include Media and Communications, Programs and Services, and Policy and Legislation. These committees are responsible for planning and implementing coalition efforts in their respective areas.

For Project ASSIST, the coalition will establish an ASSIST Executive Committee that is linked to the current coordinating committee. The purpose of the ASSIST Executive Committee, which will formalize the collaborative relationship between DHEC and the ACS, will be to coordinate and manage Project ASSIST. The ASSIST Executive Committee will have seven members. Three members will be appointed by DHEC to represent the ASSIST Project management as well as the ongoing smoking intervention programs of the department; three members will be appointed by ACS to represent each of the three major intervention areas to be addressed by ASSIST; and one will be appointed by the Coalition Coordinating Committee to represent the interests of the entire coalition. Members are as follows:

1. DHEC: Project Director of the ASSIST Project, Dr. Fran C. Wheeler, who also is Director of the Center for Health Promotion.

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2. DHEC: Project Manager of the ASSIST Project. This person will be hired with contract funds, in the Center for Health Promotion.

3. DHEC: Smoking Consultant for the Center for Health Promotion. This is a masters' prepared health education consultant who serves as the DHEC specialist on tobacco use and control.

4. ACS: Representative of the Committee on Public Education. This will be Dr. John R. Ureda, who also has been the key ACS volunteer involved in the organization of the Tobacco Free SC coalition and in the development of this application.

5. ACS: Representative of the Committee on Public Information.

6. ACS: Representative of the Committee on Professional Education.

7. Coalition: Vice-Chairman of the Coalition Coordinating Committee.

The ASSIST Executive Committee will be chaired by the DHEC ASSIST Project Director, Dr. Fran Wheeler. Co-chair will be the representative from the ACS Public Education Committee, Dr. John R. Ureda. The ASSIST Executive Committee will be staffed by the designated ASSIST staff person of the ACS, SC Division. This person will have two major links to the ACS organizational structure. First, this staff person is directly supervised by the ACS Executive Vice-President. Second, this staff person also provides staff support to the ACS Committee of Chairs, a group composed of the Chairmen of the ACS standing committees. This relationship should ensure good communication and coordination between ASSIST and the related activities of the ACS.

The DHEC link to the ASSIST decision-making structure is two-fold. First, DHEC staff from the Center for Health Promotion and the ASSIST Project are represented on the ASSIST Executive Committee. Second, DHEC staff provide staff support to the coalition and its committees. ASSIST Project staff will report to the Director of the Center for Health Promotion.

These linkages and relationships are described in more detail in Section V.B.

Justification of Management Structure: This arrangement can be justified in terms of the demographics of the state, the

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nature of the smoking problem in SC, available resources, the centralized structure of DHEC and other state agencies, and the relevant experience of DHEC's Center for Health Promotion. Each of these is discussed briefly below:

Demographics: The size of the state, both geographically and in numbers of residents, makes it realistic and reasonable to propose a statewide project with a statewide management structure. Geographically, the state is small enough that one can drive from Columbia (the Capitol) to any point in the state in under three hours. Numerically, the state's population (3.2 million) is small enough that it is relatively easy to secure statewide representation on planning committees or coordinating councils, and it is certainly possible to design interventions that can be expected to reach nearly the entire population. These factors are discussed in detail in Section I of this application.

Smoking Problem in SC: Tobacco is a major cash crop and smoking is a significant public health problem in SC, with an estimated prevalence of 25.7% among persons age 16 and older. Rates are higher among males than females, but historical data suggest that the smoking among women may be increasing among younger age groups. Rates are highest among black males, but other high risk groups are those of low income and low educational levels. Smoking rates in SC are not significantly different from other states in the region, and the prevalence within the state is not known to have significant geographic variation. SC does have significant numbers of key target populations - particularly ethnic minorities, persons living in poverty, and blue collar workers.

Available Resources: SC has active state chapters of the three major voluntary health agencies that have major program efforts addressing smoking prevention and control; the American Cancer Society, the American Heart Association, and the American Lung Association work well together and all previously have worked on joint projects with DHEC. The SC Hospital Association has 100% smoke-free member institutions across the state and is extending those efforts into the larger community. The SC Medical Association has been active in legislative efforts to limit smoking and to tax tobacco products to raise money for health programs. These and other organizations were involved in the recent success of the Clean Indoor Air Coalition in passing the 1990 Clean Indoor Air Act. Other resources have been described in detail in Section IV., but it should be clear that this state has a long history of cooperative efforts in the area of health. Of

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particular importance to Project ASSIST is that many key agencies and organizations already are involved in the statewide Tobacco Free SC coalition, which is described in Section VI. The letters of support contained in Appendix VI-1 demonstrate the interest and commitment of a wide range of state and local agencies and organizations.

Centralized Structures: Many state organizations, including the SC Department of Health and Environmental Control (DHEC) and the SC Division of the American Cancer Society (ACS), have a centralized structure that ensures that statewide programs can be implemented from the state level and still reach every region and every county. Access to all citizens of the state is quite realistic.

Experience of Center for Health Promotion: SC Project ASSIST will be housed in DHEC and will be managed by the Center for Health Promotion. The Center for Health Promotion, which is described in some detail in Section VII, is the focal point for smoking and tobacco control activities and for community-based health promotion efforts sponsored by the state health agency. Staff in the Center for Health Promotion have extensive experience in this area, as described in some detail in Section X. This organizational location will align the project with other smoking and tobacco control activities already underway in the state health agency. One important aspect of this arrangement is that the Center for Health Promotion provides staff support to the Tobacco Free SC coalition, which is the coalition that will implement Project ASSIST. Locating Project ASSIST in the Center for Health Promotion also directly links the project with the fifteen district health promotion programs affiliated with the Center. Because of DHEC's centralized structure (see Section VII), this provides a valuable link to existing community-based programs addressing smoking prevention and control at the local level. Several of these district programs already include local smoking coalitions that will become linked to Project ASSIST; new coalitions that form under the auspices of Project ASSIST will be linked to existing district health promotion programs.

As described in detail in Section X, Project ASSIST will report to the Director of the Center for Health Promotion; it will be a free-standing unit within the Center, with access to the administrative support and program expertise housed therein. For Phase I, the planning phase of the project, staffing will include a Project Manager (who reports directly to the Director of the Center for Health Promotion), two field directors, two administrative assistants, and two secretaries. For the intervention phase of the project, staffing will

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include those same personnel, plus three field coordinators and one clerk. Project personnel as described in detail in Section X of this application.

B. Organizational Chart: The organizational chart presented in Figure V-1 delineates the lines of authority for project management and decision making. This chart shows three parallel organizations - the SC Division of the American Cancer Society, the SC Department of Health and Environmental Control, and the Tobacco Free SC coalition, that will be linked through the formation of the ASSIST Executive Committee. The ASSIST Executive Committee of the Tobacco Free SC coalition is the central focus of the organizational chart. The pre-ASSIST structure of the coalition, with its Coordinating Committee staffed by DHEC, and its three standing committees, is described in more detail in the Section VI of this application.

For Project ASSIST, the Coalition will establish an ASSIST Executive Committee that is linked directly to the Coordinating Committee. The purpose of the ASSIST Executive Committee is to coordinate and manage project activities within the state. Its membership (three DHEC representatives, three ACS representatives, and one coalition representative) will formalize the collaborative leadership roles of DHEC and ACS in the management of this project.

The designated ASSIST staff person of the ACS, SC Division, will provide staff support to the ASSIST Executive Committee. This person will provide two important links to the ACS. First, this staff person is directly supervised by the ACS Executive Vice-President, who in turn reports to the ACS Executive Committee and the ACS Board of Directors. Second, this staff person also provides staff support to the ACS Committee of Chairs, a group composed of the Chairmen of the five major standing committees under the ACS Board of Directors. This relationship will ensure good communication and coordination between ASSIST and the related activities of the ACS. (Note: Several DHEC staff are members of the ACS Board of Directors and serve on ACS Committees; while this is not illustrated in an organizational chart, it is an important factor in the ongoing relationship between these two organizations.)

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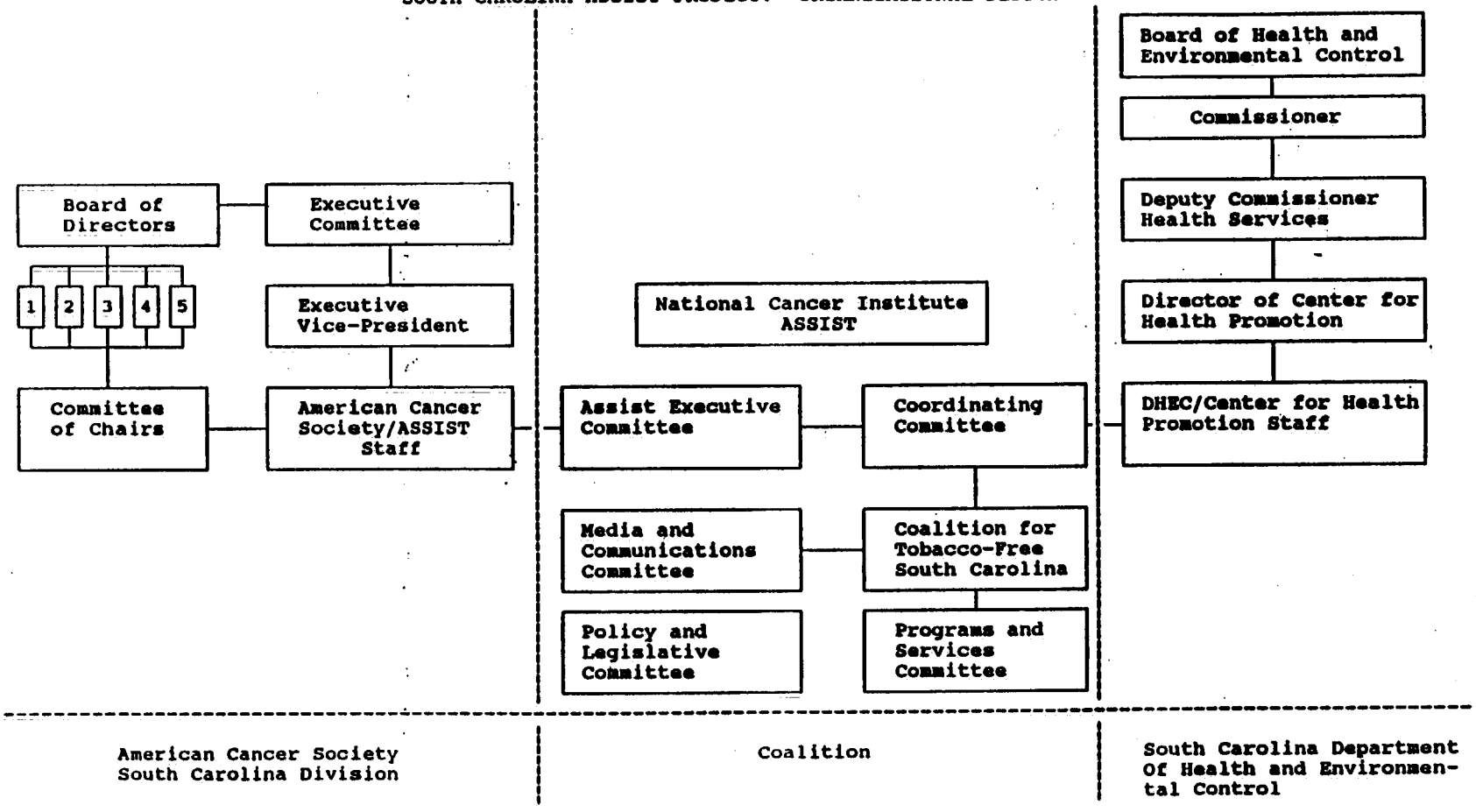
FIGURE V - 1

SOUTH CAROLINA ASSIST PROJECT: ORGANIZATIONAL DESIGN



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The DHEC link to the ASSIST decision-making structure is two-fold. First, DHEC staff from the Center for Health Promotion and the ASSIST Project are members of the ASSIST Executive Committee. Second, DHEC staff provide staff support to the Coalition Coordinating Committee and to the Coalition as a whole. ASSIST Project staff report to the Director of the Center for Health Promotion, who reports to the Deputy Commissioner for Health Services, who reports to the Commissioner. The Commissioner is responsible to the Board of Health and Environmental Control, which has endorsed this proposal and encouraged other smoking-related interventions of the Center for Health Promotion.

C. Decision-making Process: The proposed management structure and organizational chart will ensure communication between ACS and DHEC and will support the fulfillment of all contract requirements. Leadership and day-to-day management of the project will be shared between DHEC and the ACS-SC. In specific and clearly defined areas, decision making responsibilities will be assigned to three bodies: DHEC, the ASSIST Executive Committee, and the Tobacco Free SC coalition.

The ASSIST Executive Committee will oversee and direct the activities of Project ASSIST; this will include setting planning and budget parameters, determining program direction, setting program goals, approving overall coalition plans as recommended by the coalition, and supervising the implementation of coalition plans. The ACS-SC appoints three members to the ASSIST Executive Committee and provides staff support that links this group to the ACS Board of Directors. The Tobacco Free SC coalition will be responsible for developing specific program plans and budgets in each of the Standards areas (program services, policy, and media) within the parameters set by the ASSIST Executive Committee. DHEC will manage day-to-day administration of the project and will have three representatives on the ASSIST Executive Committee.

The performance of thirteen (13) critical functions is described below:

1. Meeting Planning and Support: The Tobacco Free SC coalition and its committees are staffed by personnel from DHEC's Center for Health Promotion. DHEC staff provide support for all meetings of the coalition, its committees, and subcommittees. Specifically, DHEC staff are responsible for organizing the coalition, planning the meeting agendas (in cooperation with the chairman), reserving meeting facilities and hotel accommodations, notifying and confirming participants, providing materials at meeting sites, preparing minutes, reimbursing travel, and processing expense vouchers. The ASSIST Executive

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Committee will additionally be staffed by personnel from the ACS. For meetings of this group, ACS staff will be assisted by DHEC personnel in performing the necessary support functions.

2. Recruitment: In the Tobacco Free SC coalition, recruitment of chairs, committee and subcommittee members has been handled on a voluntary basis. At the time of joining the coalition, members are asked to designate the committee or subcommittee on which they wish to serve. Each of the three standing committees initially elected its own chairman, who appoints subcommittees as appropriate. The size of the coalition and the level of interest has been sufficiently high that further recruitment has not been necessary. Should volunteer leadership not step forward, the coalition Coordinating Committee has the authority to recruit and appoint committee chairs. Further, if Project ASSIST activities require types of expertise or other representation not currently found in the statewide coalition, the coalition Coordinating Committee will be responsible for identifying and recruiting the types of membership and/or leadership needed to fulfill contract related obligations.

3. Communication: Coordination of communication with coalition member groups and with the NCI will be the responsibility of DHEC project staff. One DHEC/ASSIST staff member will have primary responsibility for this area (see Section X). As described below, key functions include coordinating communication with coalition members, maintaining the ASSIST system of rapid communication, and promoting the use of national ASSIST communication resources.

   Coordinating communication with coalition members: DHEC staff will serve as the link between all members of the coalition by communicating relevant information to them through telephone, mail, newsletter, electronic mail, and face-to-face meetings. Information to be communicated includes notification of coalition meetings and activities, training opportunities, information about resources and innovative programs, information about media opportunities, current findings about smoking prevention and control, and information about national events and policy developments affecting local efforts. This information will be presented in a way that is understandable and useful to coalition members and the general public.

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Maintaining the ASSIST system of rapid communication: DHEC staff will develop, implement, and maintain the system of rapid communication to be provided by the NCI-ASSIST Coordinating Center. DHEC, on the advice of the ASSIST Executive Committee, will be responsible for establishing this system strategically throughout the state to ensure efficient communication and complete coverage of the state for the duration of the project. It is anticipated that the DHEC public health districts will provide the mechanism for this system. Funds are requested in this application for the installation of modems that can support electronic information transfer to each of the fifteen public health districts, which have direct links with the 46 county health departments.

Promoting the use of national ASSIST communication resources: DHEC staff will publicize and promote the use of centralized resources available electronically. This will be done at least monthly, or as needed. Some of these resources include: computer bulletin boards, action alerts, events calendar, and a video clipping service. DHEC will inform coalition members about the availability and appropriate use of such information and will support them in gaining easy access to this information through the 46 county health departments.

4. Training: Coordination and dissemination of training will be a responsibility of DHEC staff, in cooperation with the coalition. This responsibility fits logically in DHEC's Center for Health Promotion, which has made training a top priority through the activities of the Health Promotion Training Institute. As described below, key functions include using national ASSIST training opportunities and participating in national information exchange efforts.

ASSIST Training Opportunities: The SC ASSIST Project will utilize all opportunities for training, development, and dissemination throughout the duration of the project. When the ASSIST Program Office provides national training opportunities, DHEC staff will work with the coalition to identify coalition representatives to attend each of the national training sessions. These representatives would then serve a key role for the coalition in the dissemination of the skills, strategies and knowledge presented in the national training meetings. The Health Promotion Training Institute can assist in setting up local training programs and workshops for sharing information provided from by national level.

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ASSIST Information Exchange: DHEC staff will work with the coalition to identify appropriate coalition representatives to attend the national Information Exchange Conferences and to develop and implement a plan to disseminate the information available through those conferences throughout the coalition. Here again, the Training Institute and the DHEC district health promotion staff can assist in getting information out to the appropriate audiences. In Phase II, DHEC also will coordinate the collection, development and submission of descriptions of examples of smoking prevention and/or control activities in specified program areas to be published in a casebook compiled by the ASSIST Program Office.

5. Consultation: DHEC staff will be responsible for organizing the provision of consultation to the coalition and its member groups and for support of local smoking prevention and control coalitions throughout the state. Two local coalitions, the SmokeFree Low Country Coalition and the Coalition for a Smoke Free Anderson County, already are represented on the state-level coalition. Others are in the formative stages and will be invited to join the statewide effort. DHEC will provide resources in the form of staff and materials, guidance about the development of action plans, and information about all state-level coalition activities. DHEC will provide logistical support for local training efforts and will ensure geographic representation at state and national training opportunities. For local coalitions that are formed under the auspices of Project ASSIST, DHEC will be responsible for contract compliance as appropriate.

6. Site Analysis: DHEC will coordinate and work with coalition members to gather detailed information about the project site (i.e., the state of SC) to be used as the basis for planning interventions. Project staff will attend the national training to be offered by NCI, and data collection will be conducted in accordance with the outline to be provided by NCI, although the coalition may direct the collection of other information that may be useful to development of a plan appropriate to the state. The site analysis will include a description of the smoking problem and smoking trends in the state, an inventory of current smoking prevention and control efforts and resources, information about the smoking control potential in the state, and identification of gaps in current practice. The collection, analysis, and interpretation of these data will be carried out in close conjunction with the members of the coalition. The site analysis process will yield a finished document to be used

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by the state coalition, member groups, and local coalitions in developing the Phase II ASSIST intervention plans.

7. Project Action Plan: DHEC will provide staff support to assist the coalition and its members in planning and will be responsible for coordinating the preparation of a comprehensive smoking control plan for the entire state. This will include plans for local coalitions as appropriate. Project staff will attend NCI national training for assistance with this task and will complete the plan in accordance with NCI guidelines. The NCI Standards for Comprehensive Smoking Prevention and Control will provide the basis for this plan, but data collected during the site analysis will be crucial in tailoring the plan to the specific and unique factors relevant to SC. This is discussed in more detail in the following section.

Based on the NCI Standards for Comprehensive Smoking Prevention and Control and the priorities by the Tobacco Free SC coalition, it is possible to outline the major interrelated elements of this plan. These elements include the groups targeted for intervention, the channels through which they can be reached, and the interventions to reach them.

Target Groups: All smokers, all adolescents at risk for becoming smokers, and all nonsmokers who may influence the behavior of smokers are potential targets for smoking prevention and control. High risk groups include youth, ethnic minorities, pregnant females, blue-collar workers, less educated individuals, unemployed persons, heavy smokers, and smokeless tobacco users. Other key groups include policy makers, community leaders, intermediaries, and the general public. The Tobacco Free SC coalition has good access to these groups through its current membership (see Section, VI.B.) and is recruiting additional representation of areas that currently are under represented.

Channels: Channels for smoking prevention and control are the organizational frameworks through which specific intervention program activities reach targeted individuals and groups. The five major channels for Project ASSIST are the health care system, worksites, schools, community networks, and the community environment. The health care system includes providers who directly serve smokers and others at risk, as well as providers who can play a leadership role as trainers or advocates. Worksites are important as a setting in which large numbers of smokers may be found, as well as a setting that can provide

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motivation and support for non-smoking. Schools represent a key channel for reaching youth and adolescents, as well as adults who work in the school setting. Community networks include a variety of clubs and organizations that offer access to target groups that may not be reached through health care settings, worksites and schools. The community environment represents the general physical and social milieu of smoking and non-smoking cues and messages. The Tobacco Free SC coalition has good representation from these channels through its current membership (see Section VI.B.) and is recruiting additional members in areas that are under represented.

Interventions: Three categories of interventions are necessary for a comprehensive smoking prevention and control program: media, policy, and program services. Each category contains a variety of specific strategies that can be delivered through appropriate channels to reach the desired target populations. The category of media includes mass media as well as targeted media. The category of policy includes clean indoor air, restricting access to tobacco by minors, economic incentives and taxation, school-based prevention curricula, and restricting advertising and promotion of tobacco. The category of program services includes smoking cessation, smoking prevention, and general smoking education; all of these include information about smoking, reasons to take action, and guidance about how to act effectively.

MEDIA:

a. Develop and implement a communications plan that codifies a coordinated strategy to disseminate smoking control messages to target groups and the general public. There is a lack of coordination among groups currently using media for dissemination of information, and there are many media resources in SC that have not been tapped. The coalition has good media representation from SC Educational Television, the SC Scholastic Broadcasters Association, and DHEC's Office of External Affairs. These groups will provide the leadership needed to recruit other media participants and to put together a coordinated plan.

b. Promote available program services, including smoking control hotlines. There are many program services available, particularly for smoking cessation, but that these programs may be under utilized because target groups may not know how to access them. The coalition will develop a system to improve publicity so that existing services are more fully utilized.

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c. Conduct magnet events on a regular basis. Several communities around the state already have good experience in conducting community campaigns or special events to focus attention on smoking as a public health issue. The staff in DHEC's Center for Health Promotion also have experience in organizing these events at the state level. Quit and Win campaigns have been held with success in Florence, Anderson, and Abbeville, and are planned for Charleston and other areas. The Great American Smokeout has good statewide support. The coalition will expand participation in these events and develop new ones.

d. Train smoking control advocates in media access and presentation skills. Opportunities for using the media in smoking prevention and control may be lost unless people have the skills to access the media appropriately. For example, even with low cost public service announcements, CHP staff have received much better air time if staff take the time to meet with Public Service Directors to explain what the program is about and how the air time can help. Through the coalition, more people will be trained to gain media access effectively and to use it to the best advantage.

e. Train reporters and broadcast journalist about the details of smoking issues. The media can be more effective if reporters have accurate information for broadcast or print. The coalition will organize programs to provide the media education needed to improve the accuracy of media presentations.

f. Establish, maintain, and promote a communications network to enhance local coverage of national, regional and local smoking issues. The experience of the Florence Heart to Heart Program has shown the power of having local media as active participants in a public health program - media coverage in that area has been extensive. With the establishment of the coalition and computer bulletin board system, it will be possible to have instant transfer of information to all parts of the state. Major responsibility for organizing this system will be with DHEC, but other coalition members have much to offer in this area; the SC State Library has a computer link to all 46 county libraries and other state-level groups also have direct links to their local offices.

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g. Publicize policy issues and community efforts to influence national, state and local policy making. Many policy changes in the area of smoking have been hard-won battles of a few dedicated people. With better media coverage of these efforts, much could be done to increase public awareness, to increase the number of people involved in smoking prevention and control, and to increase support for policies that promote non-smoking as the norm.

POLICY

h. Provide information to policy makers on the hazards of involuntary smoking and smokeless tobacco, the addictive properties of nicotine, improper or deceptive advertising practices used to promote tobacco use, the potential for excise taxes to reduce consumption, the degree of public support for restricting smoking in public, and the benefits of smoking control policies. Many current policies may be developed with inadequate information or with misinformation provided by the tobacco interests. The coalition will get accurate information into the hands of people in policy-making positions, whether in the legislature or in worksites, schools or other community settings. This might include workshops, one-on-one meetings, testimony, letters, and working with the media. Coalition leadership in this area will come from Senator Joe Wilson (sponsor of the 1990 Clean Indoor Air Act), the SC Municipal Association (representing the state's mayors), DHEC's Legislative Liaison, and the lobbyist for the Clean Indoor Air Coalition.

i. Inform people working for policy changes of their resources, allies, opponents, scientific support for their policies, and the process of changing policy. Many efforts to change smoking prevention and control policies have been undertaken by good-intentioned people with inadequate resources, incomplete information, and unfortunate naivete about the process or the opponents. The Tobacco Free SC coalition will develop mechanisms to get the necessary information to the people who need it.

j. Train smoking control advocates how to effectively express their views to the public and how to present their views to lawmakers. People who get involved in policy change efforts need to be able to express themselves clearly and effectively, both in stating the case for the desired smoking policy changes and in

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refuting the misinformation put forth by the tobacco spokesmen. The coalition will address this through workshops on public speaking, events to generate media attention, and letter-writing campaigns.

k. Use policy changes to broaden the impact that media have on changing individual behavior. With activity around policy change, it will be crucial to have accurate media coverage to be sure that the general public is aware of changes that are taking place and to keep smoking in the news as a public health issue. To remind people of the health consequences of smoking, the coalition will work with the media to encourage maximum coverage of policy change activities.

l. Use media to reinforce non-smoking norms and to encourage individuals to actively participate in smoking prevention and control efforts. The media can serve an important role in reinforcing non-smoking behaviors and in supporting non-smoking as the norm. To encourage more people to get involved in smoking and control activities, the coalition will use the media to support and extend non-smoking policies.

PROGRAM SERVICES - HEALTH CARE SYSTEM

m. Develop and maintain a group of health care providers who will train other providers in smoking cessation and prevention techniques. The Tobacco Free SC coalition will identify primary care physicians who will be trained to provide smoking prevention and control training programs for their colleagues. This will be done by offering "Train the Trainer" workshops for physicians and other providers. The SC Medical Association and the SC Area Health Education Consortium will be instrumental in reaching primary care providers. Other health professional associations and training organizations (such as the medical schools) also will be involved in this effort.

n. Train influential local health care providers to serve as local smoking control advocates and community resources. The coalition will identify, recruit and train influential health care providers to serve as resources and smoking prevention and control leaders in their communities. Again, the professional associations, such as the SC Medical Association and the SC Nurses Association, can identify those individuals who are most influential in their communities. The Hospital Association, the two

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schools of medicine and the School of Public Health also will assist with this activity. DHEC's network of health promotion staff at the district and county level can provide important insight into the process of identifying providers recognized as influential by their peers and others in the community.

o. Educate health care providers about the health effects of smoking and smoking interventions. The coalition will arrange for brief (one hour) presentations to health care providers to increase their knowledge of available smoking cessation interventions. DHEC and other coalition members (e.g., the voluntary health agencies) have experience in this type of presentation, to be made at local grand rounds, professional society meetings, hospital staff meetings, and other settings.

p. Provide an opportunity for more intensive education of health care providers in smoking cessation interventions. The coalition will arrange for half-day workshops for health care providers interested in increasing their knowledge and skills in delivering smoking cessation interventions. This will expand upon the type of information presented in the one-hour programs, but will be more in-depth and will include opportunities for practicing counseling techniques.

q. Maintain health care providers' involvement in smoking control. The coalition will develop a planned program of regular contact with health care providers to maintain their interest and involvement in smoking control. This will include newsletters, educational materials, onsite consultation, and training opportunities. Newsletters and meetings of professional associations also will be used to maintain contact with health care providers.

r. Establish non-smoking policies in health care facilities and organizations. Most of the state's hospitals are now smokefree, and the SC Medical Association has encouraged its member physicians to make their offices smokefree. The 1990 Clean Indoor Air Act severely limits smoking in all types of health care facilities. The coalition will encourage health care facilities to adopt strong non-smoking policies and to continue to strengthen those policies already in place.

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s. Provide self-help materials and promote available program services through all media within health care settings. A wide variety of smoking cessation materials and services have been identified, and the coalition will work to make these readily available throughout the health care system. The coalition will serve as a mechanism for improving linkages among providers of programs and materials and health care facilities to ensure that available resources are more fully utilized.

PROGRAM SERVICES - WORKSITES

t. Develop and maintain a group of individuals trained to serve as smoking control resources on worksite smoking issues. The coalition will establish a network of speakers to make presentations on workplace smoking issues and policies to local organizations and businesses. These speakers will be local community leaders, health care providers or volunteers from the voluntary health agencies. Several coalition members have excellent experience in this area: DHEC's health promotion staff are involved in worksite health promotion, and the SC Affiliate of the American Heart Association has many industries enrolled in its statewide "Heart at Work" program. Carolina Healthstyles and the Wellness Council of the Midlands offer additional experience in this area.

u. Provide smoking control presentations to business organizations and unions. Coalition members, staff and local workers will make presentations to groups of individuals in a position to set and enforce non-smoking policies. Such groups would include business coalitions, the Chambers of Commerce, service clubs, unions, and personnel organizations. Some key groups (WELCOM, State Employees Association, Rotary Club) are represented on the coalition; others will be recruited to expand coverage in this area.

v. Provide smoking control policy workshops to representatives of business organizations and unions. The coalition will coordinate the conduct of workshops to be presented to community business and industry leaders to provide detailed information about smoking control policies and issues. These workshops will provide step-by-step information for implementing workplace smoking restrictions. Several coalition members have experience in this area: DHEC's Center for Health Promotion used this strategy in the SC High Blood Pressure Project (addressing workplace blood

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pressure control programs) and the SC Cardiovascular Disease Prevention Project (addressing workplace programs for blood pressure, cholesterol, and smoking control).

x. Promote the implementation of stop-smoking incentives among worksites with high proportions of employees who smoke. The coalition will encourage worksites to include incentives for stopping smoking and for maintaining non-smoking behavior. Employers will be provided information about incentives, such as cash, insurance discounts, vacations, and contests, and will be encouraged to incorporate appropriate incentives into ongoing company programs.

y. Promote participation in smoking or health related magnet events. The coalition and its member organizations will promote magnet events such as the Great American Smokeout, Non-Dependence Day, World No Tobacco Day, community health fairs and other events that focus on smoking as a public health issue. The statewide events sponsored by the voluntary health agencies should see a significant increase in participation and media coverage as they endorsed and adopted by the coalition and its members. Quit and Win contests that have been successful at the local level will be coordinated for statewide participation; worksites have proven to be the most effective site for recruiting smokers for these types of contests. A statewide event (or a competition with a neighboring state) should generate exceptional prizes, thus increased participation and increased media coverage.

z. Deliver smoking education in the worksite. The coalition will coordinate efforts to provide general smoking education to both smokers and nonsmokers in the worksite setting. Many agencies, such as the Cancer, Heart and Lung voluntary health agencies, local hospitals and health departments, have this type of service available. What is needed is a strategy to ensure the programs are delivered in a coordinated, non-duplicative, way.

aa. Promote the use of local smoking cessation services and provide support for local smoking services using all media available within the worksite. The coalition will ensure that liaisons exist among providers of materials and program services so that worksites are supplied with the materials and information needed. Worksite media will be used to making smoking cessation materials readily available.

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PROGRAM SERVICES - SCHOOLS

bb. Identify, recruit, and train influential representatives from school systems and school-related organizations to serve as local smoking control resources for schools. The coalition will recruit and train local leaders to become educators and advocates for smoking prevention and control issues in the schools in their communities. The Tobacco Free SC coalition has excellent representation from key groups affiliated with the school system in SC. Organizations such as the SC Parent Teachers Association and the state teachers association will provide important leadership in developing resources at the local level.

cc. Provide smoking prevention and control presentations to school boards, PTAs, teacher and staff unions, and other school related groups. Coalition members and staff will make presentations to increase awareness of smoking issues, especially as related to schools, and to give information about locally available program services. Many of these groups are members of the coalition and are committed to conveying the non-smoking message to their membership and to the schools they serve.

dd. Aid in establishing smoke-free policies in all schools. Many schools in SC have strong smoking policies already in place, and the Tobacco Free SC coalition will work towards a total ban of cigarette smoking and smokeless tobacco use on school grounds.

ee. Implement state-of-the-art smoking prevention curricula in schools. Comprehensive school health education has been mandated in SC, but is not fully implemented due to lack of funding and lack of adequately trained instructors. The coalition will work with the SC Department of Education to provide training for school personnel and curriculum materials to ensure that effective curricula are implemented. DHEC, the USC Office of School Health Education, and the USC School of Public Health - Department of Health Promotion and Education all have experience in teacher training in health education.

ff. Provide self-help materials and promote available program services through all media available with the schools. The coalition will facilitate linkages among providers of materials and programs and the schools so that schools have ready access to the resources

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available. These will be publicized through school-based media to ensure maximum availability to teachers, staff, and students.

PROGRAM SERVICES - COMMUNITY NETWORKS

gg. Train influential network members to serve as local smoking control role models and community resources. The coalition will recruit and train influential members of community networks to serve as non-smoking role models and as community spokesmen for smoking prevention and control issues. Many coalition members represent links to key target groups for this activity. For example, the Columbia Urban League and the National Black Family Summit offer important access to the black community. Training leaders in these networks will extend project efforts further into the community.

hh. Provide smoking control policy presentations to community networks and organizations. The coalition will recruit and train individuals to give presentations at community network meetings or to appropriate network representatives. These presentations will increase awareness of smoking issues and trends and will focus on actions that the groups and individuals can take.

ii. Provide smoking control policy workshops for representatives of community networks and organizations. The coalition will enlist trained speakers to conduct smoking control policy workshops for community networks. These workshops will provide the rationale for smoking restrictions and will give step-by-step information about actions to take.

jj. Promote participation by community networks in smoking or health related magnet events. The coalition and its members groups will promote magnet events at the state and local level to increase awareness of smoking as a public health issue, to offer opportunities for trial behavior, and to encourage participation in community smoking cessation programs. Community networks, such as the Girl Scouts, the Parks and Recreation Departments, the Cosmetologists Association, and the Urban League, offer an excellent source of volunteer workers and well as participants for magnet events.

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kk. Provide self-help materials and promote the use of available program services through all media used by each community network. The coalition will facilitate linkages among providers of materials and programs and various community networks. Available materials, such as self-help guides, information about nicotine gum, buttons, and signs, will be publicized through media used by these groups.

PROGRAM SERVICES - COMMUNITY NETWORK

ll. Identify smoking and non-smoking cues and messages. The coalition will assess the current level of smoking and non-smoking advertising on billboards, public transportation and print media; the numbers of restaurants, hotels and other public places that have clearly marked separation of smokers and nonsmokers; the numbers and locations of cigarette vending machines; the level of enforcement of current laws prohibiting the sale of tobacco to minors; and the number of tobacco-sponsored sports events and concerts.

mm. Identify systems, organizations and forces currently supporting and perpetuating these cues and messages. The coalition will systematically assess the factors contributing to the smoking or non-smoking cues and messages identified. This will include consideration of costs and benefits of these environmental influences.

nn. Identify and enlist relevant groups and individuals with an interest in specific changes in the community environment to advise and participate. The coalition will seek input from groups responsible for environmental cues or interested in bringing about change, as well as those who currently benefit from them. This might include law enforcement officials, restaurant and hotel associations, and vending machine owners. It also might include groups such as Scenic America (which strongly opposes all types of billboard advertising) or Stop Teenage Addiction to Tobacco and Doctors Oughta Care (both of which strongly oppose advertising strategies of the tobacco industry).

oo. Develop a long-term strategic plan to increase messages and cues supporting non-smoking and to decrease messages and cues promoting smoking. The coalition will develop a comprehensive, multi-faceted strategy to create an environment that supports non-smoking as the norm. This will include media

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campaigns, promotion of community-wide magnet events, public and private policy initiatives, and promotion of available program services.

8. Phase II Proposal: The comprehensive smoking control plan to be developed by the coalition will form the basis for the Phase II proposal to NCI and will include the following:

   a. Overall project mission, goals, and objectives.

   b. An introduction to the state and a summary of the site analysis.

   c. A description and justification of the organization of the state for intervention.

   d. A description of the complete intervention plan.

   e. A training plan which includes dissemination of program-specific training to be provided on the national level by ASSIST.

   f. Individual statements from participating coalition member organizations describing how project goals will be met through cumulative efforts of the coalition members working in concert. This will include a description of the roles and responsibilities of each member group in conducting Phase II interventions and activities.

   g. A plan for state-wide activities such as promotion of the Great American Smokeout or World No Tobacco Day or participation in the SC Conference on Healthy People for the Year 2000.

   h. A plan for monitoring the coalition and for oversight of coalition activities.

   i. Detailed budget revisions.

   This proposal also will include a management component that will be developed in conjunction with the ASSIST Executive Committee. The management plan will include:

   a. An annotated management organizational chart, including the configuration of the Executive Committee and other management structures, job descriptions and reporting relationships. The respective roles of DHEC and the ACS-SC as co-leaders of the coalition will be clearly identified with regard to each of the tasks in

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the Phase II Statement of Work. A detailed description will be given of the decision-making and management relationship between state level and local coalitions.

b. A coalition organizational chart, including any proposed committees and their various roles and charges, membership requirements, terms of appointment, or other relevant by-laws and operating guidelines.

c. A protocol for systematic communication with coalition members and NCI.

d. A plan for coordination and communication of the state-level coalition with local level coalitions.

e. An estimate of material requirements for the duration of Phase II.

f. A description of anticipated needs for technical assistance from project-wide consultants.

g. A management plan (items 1-6 above) for each local coalition formed under the auspices of the state coalition.

The Phase II proposal will be submitted to NCI in accordance with the contract delivery schedule. DHEC will be responsible for negotiating the Phase II contract with NCI; this will include communicating coalition concerns to NCI, informing coalition members about the negotiation process, and communicating all revisions resulting from the negotiation to the coalition member groups. Upon approval by NCI, the plan will be widely disseminated and promoted throughout SC as a blueprint for action and as the focal point for the coalition and its efforts to reduce smoking and tobacco use in the state.

9. Distribution of Materials: DHEC will serve as the central source of material and resources for the conduct of Project ASSIST. This is a role already accepted by DHEC, through the operation of its Educational Resource Center (see Section IV.C.) and its Health Promotion Training Institute (see Section VI.B.). DHEC will ensure that coalition member groups are fully informed of NCI training and resources available through ASSIST. In addition, DHEC shall maintain and promote a readily available record of sources of materials, expertise, and services for use by coalition member groups and by local coalitions. This record will be updated at least every six months, and its

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use will be encouraged throughout all intervention channels.

10. Project Oversight: DHEC, with the advice and assistance of the ASSIST Executive Committee, will monitor all project and coalition activities and will document that the terms of the contract are met. DHEC also will work with ACS to establish a procedure for monitoring the ACS 15% budget contribution to Project Assist. DHEC also will plan and implement a communications mechanism through which each coalition member group receives regular feedback on overall coalition activities, as well as how the coalition's information gathering and planning activities comply with the terms of the NCI contract and contribute to overall project goals. This can be done by monthly newsletter and supplemented by bulletins as needed through the computer-based communications system of the health department. These communications efforts will be documented and this documentation will be included in the formal quarterly reports to NCI.

11. Contract Management: DHEC will serve as the legal representative of Project ASSIST in SC and will bear responsibility for the performance of contract deliverables. DHEC staff will work with ACS and all other parties involved in the project to ensure that contract activities are completed as planned, in accordance with NCI guidelines, and delivered as specified in the schedule of work (Section IX).

12. Program Records: Program records will be collected through the data collection system that is to be developed and maintained by the national ASSIST Coordinating Center. These records will form the basis of quarterly reports to be submitted to NCI. Program records will document all project activities, conducted by staff or by coalition members, at the state and local level.

13. Quarterly Reports: DHEC will compile quarterly reports to be submitted in accordance with the contract delivery schedule as described in Section IX. These reports will include detailed information on accomplishment of each of the tasks outlined in the statement of work. Program data and records will be collected in accordance with the instructions to be provided by the ASSIST Coordinating Center.

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SECTION VI

COALITION DESCRIPTION

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VI. Coalition Description: This section describes the makeup of the coalition and discusses the organizational capacity of each member group.

A. Coalition Makeup: This section contains a description of the makeup of the Tobacco Free SC Coalition, including a brief history and explanation of its organizational structure.

Background: To accomplish the goal of a 43% reduction in the prevalence of smoking by 1998, a coordinated, comprehensive approach is clearly mandated. People from varying backgrounds and settings must be reached with targeted educational programs offered in differing surroundings which are supportive of non-smoking and smoking cessation behavior. A task of this magnitude must seek to combine adequate resources with effective methods in efficient ways to enable widespread program dissemination, adoption and institutionalization. The changes which must come about are extensive, and the barriers to be overcome are formidable. Issues of power, influence and policies need to be intermixed with interpersonal communications and intercultural agendas. Only through the efforts of a diverse coalition of interested and committed individuals and organizations is such a task likely to be accomplished.

In SC in early 1990, a small group of health professionals from the Department of Health and Environmental Control, the SC Division of the American Cancer Society, and the University of SC School of Public Health met to discuss the formation of a coalition to prevent the use of tobacco in SC. Recent experience with a five-year effort to get the SC Clean Indoor Air Act passed had demonstrated the need for a collaborative effort for creating a supportive environment for non-smoking and smoking cessation. A survey questionnaire was designed and sent out to sixty key informants asking who they thought should be involved for a truly effective coalition to be established. The survey questions were based upon a comprehensive intervention planning model addressing eight specific target groups (i.e., youth, minorities, women, blue collar workers, less educated individuals, unemployed persons, heavy smokers and smokeless tobacco users), five channels for reaching the target populations (i.e., the health care system, worksites, schools, community networks and community environments) and three categories of interventions (i.e., media, policy and program services).

Responses from over thirty informants generated a list of 179 state-wide organizations representing a broad range of diverse agencies and groups. Invitations to an initial organizational meeting were sent to these organizations. A response was requested and telephone calls were made to all organizations

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that did not respond. One-hundred-six (59%) organizations indicated they would attend the first meeting, 37 (21%) declined participation, and 36 (20%) were noncommittal. In the Spring of 1990, one-hundred representatives from 77 organizations attended the introductory meeting in Columbia, the State Capital.

The meeting was opened by the Commissioner of the Department of Health and Environmental Control, Michael D. Jarrett, who emphasized that smoking is the single most important preventable cause of death in our society today and encouraged the representatives to offer their unique and important contributions to the Coalition. Peter Lee, Director of DHECs Division of Planning and Program Management, presented a review of the smoking problem. John R. Ureda, Dr.P.H., Chairman of the Public Education Committee for the SC Division of the American Cancer Society (ACS), led a discussion of resources, barriers, and recommendations. All recommendations were posted on large charts in the meeting hall. Each person attending then had the opportunity to vote for his/her top three choices for recommended activities of the coalition. The top five choices were: (1) to effect policy; (2) to develop a targeted media campaign; (3) to establish early intervention in schools; (4) to facilitate replacement of tobacco as a cash crop; and (5) to target specific populations (black males, women and pregnant women). Fran C. Wheeler, Ph.D., Director of the DHEC Center for Health Promotion (CHP), made summary comments and requested that an organizational questionnaire or resume be submitted by those who were interested in continuing with the formation and organization of a coalition. Following this meeting, minutes and a list of all organizations in attendance were mailed to all involved organizations, including those that did not attend.

From the interest and enthusiasm of those attending the initial coalition meeting, as well as calls and questions from those who were unable to attend, it is clear that there is a strong readiness in SC for the formation of this type of organization. There is a strong sense that a coalition of organizations has tremendous potential for getting things done - things that might be difficult or impossible for individual organizations to tackle alone.

To facilitate development of the coalition's organizational structure, planning sessions, led by Dr. Fran Wheeler, DHEC representative, and Dr. John Ureda, ACS representative, were conducted. These included: a literature review of coalition development; consultation with Dr. Robert Goodman, USC, School of Public Health; and input from DHEC CHP professional staff experienced in local coalition building. This group determined that a steering committee, composed of 20

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organizational members who had indicated in their organizational resume an intent to serve the coalition in a leadership capacity, should convene prior to a second meeting of the full coalition. To guide this steering committee, a tentative agenda was developed and included recommendations for topics for discussion and proposals such as a coalition mission statement, goals and objectives; organizational structure; decision-making process; staff support; frequency and length of meetings; leadership and coalition and individual recognition.

The Steering Committee met on August 10, 1990, with 18 of the 20 members present. The meeting opened with a review of coalition activities to date and stated the intent of the steering committee meeting: to prepare ideas and documents for the second full coalition meeting on October 30, 1990, to develop recommendations of what the coalition needs to accomplish; to develop a plan to accomplish this goal; to place key players in the process; and to organize an agenda for the October 30 meeting. The group was enthusiastic, creative, and motivated; they developed the following recommendations:

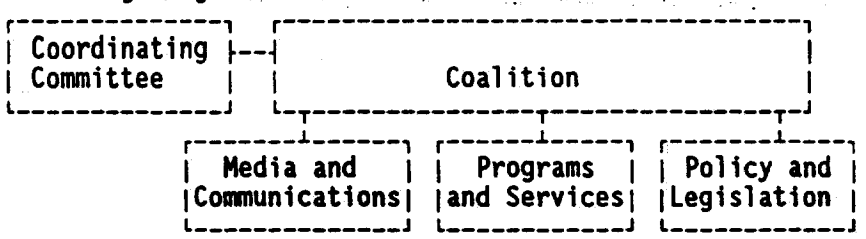
1. Mission, goals, objectives

   Mission: To provide a forum to formulate, coordinate and implement strategies to support a tobacco-free SC.

   Goal: To achieve a tobacco-free SC by the Year 2000

   Objectives: Specific objectives will follow from the priorities identified at the first meeting of the coalition. They will be specified by the standing committees.

2. Organizational Structure: The recommended organizational structure would include the full coalition, a coordinating committee, and three standing committees, as shown in the following diagram:



The Coordinating Committee would have ten at-large members elected by the membership. Each of three standing committees would elect a chairperson who would also serve

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as a member of the Coordinating Committee. The three standing committees would be: (1) Media and Communications, (2) Programs and Services, and (3) Policy and Legislation. The Coordinating Committee would elect a Chairman, a Vice-Chairman, and a Secretary/Treasurer from among its membership. The chair of the Coordinating Committee would be the spokesperson for the coalition.

Prior to the October meeting, staff will contact all coalition members to solicit nominations for the ten at-large positions on the Coordinating Committee and to determine each member's preference for serving on one of the three standing committees.

3. Decision-Making Process: A By-Laws and Procedures Committee was appointed to draft by-laws and operating procedures to present to the full coalition in October. This committee will consider how the coalition will make decisions, what constitutes a quorum, who has the authority to speak on behalf of the coalition, how membership is defined, what are rules of attendance, and other organizational issues. Two recommendations were made to assist this committee: Membership should be open to individuals and organizations and dues should be charged, but should be small.

4. Staff support: The Center for Health Promotion in DHEC is committed to provide staff support to this coalition. This would include maintaining the mailing list, preparing agendas for meetings, preparing minutes of meetings, maintaining membership records, and serving as historian. Other coalition members would be asked to contribute staff support to sub-committees. (It was noted that additional staff support could be possible if the coalition receives Project ASSIST funding.)

5. Frequency and length of meetings: The entire coalition should meet at least annually and more frequently as required. It was suggested that quarterly meetings may be appropriate, at least initially. Standing Committees will meet as frequently as needed to accomplish assignments. Two hours was seen as the normal meeting length, but there was no objection to longer meeting if the agenda calls for debate or resolutions.

6. Leadership: John Ureda, ACS, and Fran Wheeler, DHEC, CHP were appointed to serve as Interim Co-Chairmen of the coalition until the October meeting. Elections should be held at that time to choose the Coordinating Committee, which in turn, will the select officers of the coalition.

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7. Coalition name: The official name of this coalition will be Tobacco Free SC.

8. Agenda for October 30: The following were established as items that need to be included on the agenda for the October 30, 1990 meeting for approval or action by the full coalition:
   - Mission statement
   - Goal statement
   - Name of coalition
   - Membership application
   - By-laws
   - Slate of nominations for coordinating committee
   - Committee membership

Following the meeting of the steering committee, a letter was sent to all coalition members to provide information about the steering committee meeting and recommendations, to get input from members about serving on one of the three proposed standing committees and to request nominations for coalition members to serve on the coordinating committee.

Membership: The Tobacco Free SC coalition continues to grow in numbers, but as of September 1, 1990, the coalition officially had 62 organizational members. Table VI-1 shows the current coalition members, listed by function and by type of organization. (Each organization is numbered to correspond to its placement in Section VI.B.) For purposes of the Tobacco Free SC coalition, many organizations have multiple roles, but each member can be characterized primarily as a provider, a channel, or an advocate:

Providers are organizations that provide health care or health education services to the target groups, as well as organizations that represent groups of health professionals.

Channels are organizations that have a clientele or membership in which target group members are represented. This includes social service, education, recreation, military, youth, employee/employer, professional, and community groups.

Advocates are organizations that bring an important level of visibility and credibility to the coalition through their participation. These groups are particularly interested in influencing policy and/or legislation.

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TABLE VI-1

MEMBERS OF TOBACCO FREE SOUTH CAROLINA COALITION
BY FUNCTION AND TYPE OF ORGANIZATION

Type of Organization	Name of Organization	Secondary Function
PRIMARY FUNCTION = PROVIDER		
Health Care	Columbia Free Medical Clinic (#10)	
	SC Department of Health and Environmental Control (#35)	Advocate
	SC Primary Care Association (#45)	
	USC Student Health Center (#60)	
Health Education	American Cancer Society (#3)	Channel
	American Heart Association (#4)	Channel
	American Lung Association (#5)	Channel
	Columbia Quit Smoking Project (#11)	
	SC Commission on Alcohol and Drug Abuse (#31)	
	SC Educational Television (#38)	
Health Professional	SC Area Health Education Consortium (#22)	
	SC Association for Health Education (#23)	
	SC Association of Occupational Health Nurses (#25)	
	SC Chapter of National Association Social Workers (#27)	
	SC Medical Association (#40)	Advocate
	SC Nurses Association (#43)	Advocate
	SC Public Health Association (#46)	Advocate
	School Nurse Council of SCNA (#53)	

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Table VI-1 cont'd

Type of Organization	Name of Organization	Secondary Function
	PRIMARY FUNCTION = CHANNEL	
Social Service	Alston Wilkes Society (#1)	
	Greater Columbia Literacy Council (#15)	
	Prison Fellowship (#21)	
	SC Commission on Aging (#30)	
	SC Commission on Women (#32)	
	SC Dept. of Social Services (#37)	Provider
	SC Parent Teachers Association (#44)	
Education	Palmetto State Teachers Association (#20)	
	SC Association of School Administrators (#26)	Advocate
	SC Criminal Justice Academy (#33)	
	SC Department of Education (#34)	
	SC Scholastic Broadcasters Association (#48)	
	SC State Board of Technical and Comprehensive Education (#49)	
	SC State Library (#52)	
	USC Office of School Health Education (#59)	
Recreation	Cooper River Park and Playground (#14)	
	SC Department of Parks, Recreation and Tourism (#36)	
Military	Charleston Naval Hospital (#8)	
	Shaw Air Force Base (#54)	

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Table VI-1 cont'd

Type of Organization	Name of Organization	Secondary Function
Youth	Congaree Girl Scout Council (#13)	
	Just Say No Clubs (#17)	Provider
Employee/Employer	Carolina Healthstyles (#7)	
	SC State Employees Association (#50)	
	Wellness Council of the Midlands (#61)	
Professional	SC Association of Life Underwriters (#24)	Advocate
	SC Registered Cosmetologists Association (#47)	
Community	Coalition for SmokeFree Anderson (#9)	Advocate
	Columbia Urban League (#12)	
	National Black Family Summit (#19)	
	SC Clean Indoor Air Coalition (#28)	Advocate
	SmokeFree LowCountry Coalition (#55)	Advocate
PRIMARY FUNCTION = ADVOCATE		
Health	Medical University of South Carolina (#18)	Provider
	SC Coalition for Public Health (#29)	
	SC Health and Human Services Finance Commission (#51)	
	SC Hospital Association (#39)	Provider
	SC Medical Auxiliary (#41)	
	USC Department of Health Promotion and Education (#58)	
	USC School of Medicine (#56)	Provider
	USC School of Public Health (#57)	

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Table VI-1 cont'd

Type of Organization	Name of Organization	Secondary Function
Government	Senator Joe Wilson, SC Senate (#62)	
	SC Municipal Association (#42)	
Community	AARP (#2)	
	Anderson Rotary Club (#6)	Channel
	Junior League (#16)	

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Membership at this time is defined as those organizations that have submitted an organizational resume and a letter of support indicating their commitment to be a contributing member of the coalition. These letters of support are given in alphabetical order in Appendix VI-1.

Tobacco Free SC has excellent representation from the health sector, as would be expected from organizations that have a commitment to improving the health of the citizens of this state. The real potential for this coalition, however, lies in the strong representation from other, non-health, sectors of the community. The broad membership of the coalition offers many opportunities to incorporate smoking cessation activities into existing programs or services for targeted populations, to institutionalize smoking prevention interventions for youth and smoking cessation programs for adults, and to protect the non-smoking public from the health and safety hazards posed by cigarette smoking.

In Summary, a full range of skills exists, numerous opportunities have been identified, there appear to be adequate resources to begin. The success of several local smoking coalitions and the recent passage of the 1990 Clean Indoor Air Act give a lift to morale and confidence. The Tobacco Free SC coalition has the potential to create the powerful and effective forces needed to provide new direction for establishing a supportive and enabling environment for the non-use of tobacco in SC.

B. Organizational Capacity of Member Groups: This section contains a brief description of the organizational capacity of each member of the coalition. For each organization, this includes: goals, membership/constituency, smoking-related experience, experience with similar issues, rationale for membership, and proposed contribution. The information presented was provided by each organization as part of its statement of interest and commitment. Members are listed in alphabetical order.

1. Alston Wilkes Society

   a. Goals: To serve offenders, ex-offenders and their families by providing halfway houses, employment services, referrals, case work services
   b. Members/Constituency: 100 employees, 100 volunteers, 4,620 supporting memberships; over 1000 clients
   c. Smoking-related Experience: Promotes non-tobacco use activities
   d. Other Relevant Experience: Interest in health and social issues

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e. Member Rationale: Access to high risk groups, especially minorities and heavy smokers
f. Proposed Contribution: Education, distribution of information

2. American Association of Retired Persons
   a. Goals: To improve the quality of life of retired and older persons in SC
   b. Members/Constituency: 5000 members
   c. Smoking-related Experience: Supports non-tobacco use
   d. Other Relevant Experience: Member of Health Aging Coalition; history of legislative advocacy
   e. Member Rationale: Access to target groups, interest in legislation and policy development
   f. Proposed Contribution: Educational materials distribution, lobbying, policy development

3. American Cancer Society, SC Division
   a. Goal: Prevention of cancer; saving lives and diminishing suffering from cancer through research, education, and service
   b. Members/Constituency: Over 20 staff, 1,459 lay volunteers and 209 professional volunteers
   c. Smoking Related Experience: Member of Clean Indoor Air Coalition; state-wide smoking cessation programs
   d. Other Relevant Experience: "Smoking Education Week"
   e. Member Rationale: Access to target groups; state-wide volunteer network; congruent goals
   f. Proposed Contribution: Program services; local network of volunteers

4. American Heart Association, SC Affiliate
   a. Goals: To reduce disability and death from cardiovascular disease and stroke through research, community and educational programs and revenue generation
   b. Members/Constituency: 24 full time staff and 1,500 volunteers
   c. Smoking-related Experience: Smoking cessation programs; member of the SC Clean Indoor Air Coalition
   d. Other Relevant Experience: Participant in High Blood Pressure Control Project and host agency for statewide Hypertension Task Force
   e. Member Rationale: Volunteer network and program experience
   f. Proposed Contribution: In-kind support of staff and volunteers

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5. American Lung Association, SC Affiliate
   a. Goals: Prevention/control of lung disease and promotion of lung health
   b. Member/Constituency: 20 staff and 700 volunteers
   c. Smoking Related Experience: Individual and group smoking cessation education; member of Clean Indoor Air Coalition
   d. Other Relevant Experience: Anti-smoking education programs in schools
   e. Member Rationale: Established, creditable organization with experience in smoking cessation; volunteer network; statewide organization
   f. Proposed Contribution: Program services, access to target groups

6. Anderson Rotary Club
   a. Goals: To provide community service and encourage high ethical standards in all vocations
   b. Members/Constituency: 170 business and professional members in Anderson, SC
   c. Smoking-related Experience: Actively involved with the Smoke-Free Anderson Coalition
   d. Other Relevant Experience: Participation in the world-wide Polio Plus Campaign and the Anderson Wellness Coalition
   e. Member Rationale: Membership includes physicians and business leaders who are influential in political, health and social arena.
   f. Proposed Contribution: Access to target groups and visibility/credibility

7. Carolina Healthstyles
   a. Goals: To assist state agencies and public school districts in the development and maintenance of worksite health promotion programs
   b. Membership/Constituency: Three full-time professional staff, one part-time consultant and four graduate students; membership includes 64,000 state agency employees, 73,000 public school employees and 30,000 state government retirees.
   c. Smoking-related experience: Offers smoking cessation classes and provides consultation on smoking policies
   d. Other Relevant Experience: Provides health screenings and health education; schedules two major community walks per year; offers self-help programs
   e. Member Rationale: Service provision and access to target groups
   f. Proposed Contribution: In-kind support of staff, access to target groups

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8. Charleston Naval Hospital, Department of the Navy
   a. Goals: To promote military readiness through health care support of the fleet, its affiliates, its dependents, and its retired population

   b. Members/Constituency: 1,100 staff and approximately 120,000 beneficiaries who represent about 22% of the total population of the area.
   c. Smoking-related Experience: Tobacco free facility; offers smoking cessation programs for staff and beneficiary populations; Smoking Cessation Facilitator Training
   d. Other Relevant Experience: Responsible for all health and medical care for its beneficiaries
   e. Member Rationale: Service provision and access to target populations; access to internal and external media to disseminate health promotion information
   f. Proposed Contribution: In-kind support; community and professional education

9. Coalition for Smoke Free Anderson
   a. Goals: To promote smoking cessation in Anderson County
   b. Members/Constituency: Representatives of leading organizations in Anderson County interested in reduction of tobacco use
   c. Smoking-related Experience: "Quit Smoking and Win" county wide competition in 1989
   d. Other Relevant Experience: Promotes non-smoking in public settings
   e. Member Rationale: Congruent goals; local level support to state coalition
   f. Proposed Contribution: Provide local level interventions with access to local leaders and target groups

10. Columbia Free Medical Clinic
   a. Goals: To provide free medical care to local medically indigent residents
   b. Members/Constituency: Three full-time employees, 350 professional volunteers and 9,000 patients per year
   c. Smoking-related Experience: Provides counseling and education to clients who use tobacco products
   d. Other Relevant Experience: Teen Pregnancy Prevention Coalition and Healthy Mothers/Healthy Futures Coalition
   e. Member Rationale: Access to target groups such as blacks, youth, less educated, and unemployed
   f. Proposed Contribution: Education, distribution of materials

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

11. Columbia Quit Smoking Project, Benedict College
    a. Goals: To decrease incidence of smoking related cancers among the black population
    b. Membership/Constituency: Four employees, thirty volunteers who are members of project's advisory committee and/or community health advocates
    c. Smoking-related Experience: Community surveys, community organization and smoking cessation programs
    d. Other Relevant Experience: Active involvement in all aspects of minority health
    e. Member Rationale: Smoking prevention and control service provision and access to minority population
    f. Proposed Contribution: In-kind support and experience in grass roots networks

12. Columbia Urban League, Inc.
    a. Goals: To alleviate inequities in employment, education and social welfare among blacks and economically disadvantaged individuals
    b. Membership/Constituency: Twenty one employees, over 100 volunteers, and 5,000 clients enrolled in specific support services
    c. Smoking-related Experience: Provides counseling and health education services
    d. Other Relevant Experience: Board of the United Way of SC, Kaiser Foundation Committee and the SC DHEC Task Force on the Health Status of blacks in SC
    e. Member Rationale: Working relationship and credibility with key constituent groups; and provides services to target groups including youth, ethnic, minorities, less educated and unemployed
    f. Proposed Contribution: In-kind support, volunteers, public awareness advocacy

13. Congaree Girl Scout Council
    a. Goals: To inspire girls to become happy and resourceful citizens through sound decision-making; relate to others with understanding skill and respect; contributing to society through the use of abilities and leadership skills; and working in cooperation with others
    b. Membership/Constituency: 17 employees, 1,500 volunteers, and 7,500 members ages 5-17 years
    c. Smoking-related Experience: Promotes healthy behaviors, including non-use of tobacco, to all scouts
    d. Other Relevant Experience: None
    e. Member Rationale: Access to target groups
    f. Proposed Contribution: Education, training of peer counselors

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

14. Cooper River Park and Playground (Dixie League Baseball)
    a. Agency Goals: To provide athletic and social programs for youth, senior citizens, retarded and handicapped persons
    b. Members/Constituency: 14 Full time/13 part time employees governed by a seven person Commission; 50,000 constituents
    c. Smoking-related Experience: None
    d. Other Relevant Experience: Mobile Health Clinic for Senior Citizens
    e. Member Rationale: Access to target groups
    f. Proposed Contribution: Education for youth and teens

15. Greater Columbia Literacy Council
    a. Goals: To train volunteers to teach adults reading and life skills to be more functional in society
    b. Members/Constituency: Five staff, 200 trained volunteers, over 300 members and 180 clients per year
    c. Smoking-related Experience: Healthy lifestyle activities, including non-tobacco use
    d. Other Relevant Experience: Participation in Health Fairs
    e. Member Rationale: Access to target groups, less educated and ethic minorities
    f. Proposed Contribution: Health information written at a low-reading level for educating adults about smoking

16. Junior League of Columbia, Inc.
    a. Goals: To promote volunteerism and to improve the community through the effective action and leadership of trained volunteers
    b. Members/Constituency: Three employees and 850 trained volunteers providing community services in hospitals, schools, museums, art centers and drug abuse agencies
    c. Smoking-related Experience: Provides support to agencies and organizations involved in tobacco use cessation activities
    d. Other Relevant Experience: JLC began the Columbia Hearing and Speech School; contributed volunteers and money to numerous health programs; represented on the Governor's Task Force on Infant Mortality
    e. Member Rationale: Access to target groups, visibility and credibility
    f. Proposed Contribution: In-kind support of staff and volunteers; public education

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

17. Just Say No Clubs
    a. Goals: To teach youth how to make good decisions; develop coping skills; teach facts about drugs; and involve youth in activities that are fun but set up so that they learn team work, sportsmanship, and safe risk taking
    b. Members/Constituency: 50 volunteers and 1,200 student members in grades K-6
    c. Smoking-related Experience: Anti-smoking commercials and posters; classroom health discussions and skits
    d. Other Relevant Experience: Sponsors youth rap groups to teach "Just Say No" message
    e. Member Rationale: Access to target groups
    f. Proposed Contribution: Program delivery, role modelling, and parental involvement

18. Medical University of SC
    a. Goals: To serve as the state academic medical center, composed of six schools, dedicated to teaching, research and service
    b. Members and Constituency: 7,000 employees, including 700 faculty; 150,000 patient visits annually
    c. Smoking-related Experience: Education sessions for employees and students; member of SmokeFree Low Country Coalition; and Department of Family Medicine network of primary care MD's to prevent/stop smoking
    d. Other Relevant Experience: Service outreach activities and educational, technical assistance, and disease detection/control projects
    e. Member Rationale: Visibility and credibility; professional expertise; only population-based cancer registry in state with strong community outreach/health promotion group; access to target groups; provision of services
    f. Proposed Contribution: Epidemiologic and analytical skills; evaluation/polling projects; liaison with physician networks; liaison with local area health-related organizations; special target programs such as farmers and farm families, minority neighborhoods, and minority teenagers

19. National Black Family Summit
    a. Goals: To enhance and strengthen black family functioning and stability by serving as a forum for pertinent issues impacting the status of the black family
    b. Members and Constituency: 30 volunteers, who organize an annual conference for over 500 governmental and private sector institutions, healthcare providers, and human service practitioners

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

c. Smoking-related Experience: Presentations and workshops addressing smoking and tobacco use
d. Other Relevant Experience: Yearly conferences addressing a wide variety of health related issues
e. Member Rationale: Access to minority population; visibility and credibility
f. Proposed Contribution: Training, policy development, media; access to minority groups

20. Palmetto State Teachers Association
a. Goals: To provide educators with information, seminars, liability insurance, legal assistance, and representation before the General Assembly and other state agencies
b. Members/Constituency: Two employees, 100 board members and area representatives and a membership of 3,000 teachers (serving 45,000 educators and 600,000 students)
c. Smoking-related Experience: Supports health education, including non-tobacco use
d. Other Relevant Experience: Endorsement of Comprehensive Health Education Bill; part of the coalition that helped pass the Education Improvement Act and Target 2000
e. Member Rationale: Access to SC educators and youth who are at risk for tobacco use
f. Proposed Contribution: Newsletter article; and lobbying to pass legislation for the coalition

21. Prison Fellowship
a. Goals: To assist and exhort the Church in its ministry to offenders, ex-offenders and their families
b. Members/Constituency: Two employees, several hundred volunteers, inside and outside the prison system, and thousands of prisoners and their families
c. Smoking-related Experience: Supports non-use of tobacco
d. Other Relevant Experience: Works daily with prisoners to bring about behavior change
e. Member Rationale: Access to target group of heavy smokers
f. Proposed Contribution: Smoking cessation programs

22. SC Area Health Education Consortium
a. Goals: To improve the health care delivery system in SC by improving the distribution, supply, quality, utilization and efficiency of health personnel
b. Members/Constituency: Staff of 150 health care professionals; membership includes: eight institutions plus Rural Consortia Members; medical schools; teaching hospitals; USC Schools of Pharmacy, Nursing,

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

and Allied Health; and rural Hospitals throughout SC - annually serves over 50,000 health professionals with training programs/inservice education

c. Smoking-related Experience: Provides programs to educate health care professionals and the community about the dangers of smoking

d. Other Relevant Experience: Interest in educating the health care professional and the population at large about priority health issues in SC

e. Member Rationale: Service provision and access to target groups

f. Proposed Contribution: Access to a unique network of hospital-based health care providers and educators; in program development, delivery, and evaluation

23. SC Association for Health Education

a. Goals: To support the growth and development of quality health education and promotion on the local, state and national levels; and to support communication and cooperation among individuals and organizations involved in health education and promotion

b. Members/Constituency: 125 health educators and interested others

c. Smoking-related Experience: Member of Clean Indoor Air Coalition

d. Other Relevant Experience: Professional development and awareness; legislative advocacy

e. Member Rationale: Access to target groups of health professionals

f. Proposed Contribution: Consultation and technical assistance; training, policy development, advocacy, and professional awareness

24. SC Association of Life Underwriters

a. Goals: To enhance the professional pursuits of the Life, Health and Accident Life Underwriters of SC.

b. Members/Constituency: 2.5 staff and 2,500 members in 26 local chapters.

c. Smoking-related Experience: Prohibits smoking at all indoor meetings/functions

d. Other Relevant Experience: Walkathon for March of Dimes; organ/tissue donation sponsor for the American Red Cross; and on a committee to suggest methods of maintaining reasonable health costs

e. Member Rationale: Access to target group, policy makes; interested in control of health care costs

f. Proposed Contribution: Community linkage; educational programs

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

25. SC Association of Occupational Health Nurses
    a. Goals: To provide a voluntary professional organization for occupational health nurses
    b. Members/Constituency: 218 occupational health nurses who provide health service to workers in industry
    c. Smoking-related Experience: Promotes a healthy work place and supports smoking prevention activities through worker education and community activities
    d. Other Relevant Experience: Participated in many health promotion programs throughout the state
    e. Member Rationale: Access to target groups; and direct contact with industry workers
    f. Proposed Contribution: Smoking cessation policy and programs

26. SC Association of School Administrators
    a. Agency Goals: To provide a professional organization for school administrators
    b. Members/Constituency: Five employees and 2,000 members
    c. Smoking-related Experience: Supports non-tobacco use activities for students
    d. Other Relevant Experience: Involved in the passage of the Comprehensive Health Education Act
    e. Member Rationale: Access to school personnel and youth
    f. Proposed Contribution: Material distribution, policy development, and access to youth

27. SC Chapter of National Association of Social Workers
    a. Goals: To propose and promote sound public policies and programs aimed at meeting human needs and improving the quality of life
    b. Members/Constituency: Three employees, 1005 members and 150 volunteers
    c. Smoking-related Experience: None
    d. Other Relevant Experience: Member of Coalition on Alcohol Safe Communities, Healthy Mothers - Healthy Babies Project, SC Safety Belt Coalition, Coalition to End Legalized Rape, and Low Income Housing Coalition
    e. Member Rationale: Program service, and access to target groups
    f. Proposed Contribution: Professional awareness and education; patient education; assistance in legislative strategies and lobbying

28. SC Clean Indoor Air Coalition
    a. Goals: To promote adoption of legislation that would protect the health of people who choose not to smoke
    b. Member/Constituency: 25 organizations and individuals

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

c. Smoking-related Experiences: Educating groups about Clean Indoor Air Act and how it impacts on agencies
d. Other Relevant Experience: Successful passage of 1990 Clean Indoor Air Act
e. Member Rationale: Experience and credibility in working with political constituency; congruent goals
f. Proposed Contribution: Policy development; program services

29. SC Coalition for Public Health
a. Goals: To promote improvements in the health status of blacks and other minorities in SC
b. Members/Constituency: 28 individual and organizational members
c. Smoking-related Experience: Supports community grassroots smoking interventions
d. Other Relevant Experience: Assisted in compiling the SC Minority Health Status Report; continues to assist in implementation
e. Member Rationale: Access to high risk smoker group of ethnic minorities
f. Proposed Contribution: Strategies for program interventions in black and other minority communities;

30. SC Commission on Aging
a. Goals: To enhance the quality of life of older South Carolinians through advocating, planning, and developing resources to meet the present and future needs of older persons
b. Members/Constituency: 35 employees who serve 500,000 persons age 60 and above; a network of 20 regional and local agencies that provide community-based and in-home services
c. Smoking-related Experience: Educational programs that address smoking cessation for the older adult
d. Other Relevant Experience: Production of a Directory of SC Health Promotion Programs for Older Adults; development of a statewide plan on Healthy Aging
e. Member Rationale: Service provision and access to target groups
f. Proposed Contribution: Education and information

31. SC Commission on Alcohol and Drug Abuse
a. Goals: To prevent, intervene and treat alcohol and other drug abuse
b. Members/Constituency: Staff of 500 to provide services to citizens of SC, in 46 county offices.
c. Smoking-related Experience: Smoke-free agency
d. Other Relevant Experience: Coalition for Alcohol-Safe Communities

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

e. Member Rationale: Congruent goals, access to target groups and service provision
f. Proposed Contribution: In-kind staff support; distribution of information

32. SC Commission on Women
a. Goals: To enhance the position of women in SC and to assist the Governor, governmental agencies, institutions, organizations, and individuals in eliminating barriers to the development of the full potential of SC women and their families
b. Members/Constituency: Two employees; varying number of volunteers; current mailing list of 10,000
c. Smoking-related Experience: None
d. Other Relevant Experience: Research and resource materials on a wide variety of public health topics
e. Member Rationale: Access to target population
f. Proposed Contribution: Communication, education

33. SC Criminal Justice Academy
a. Goals: To effectively train all law enforcement officers for the State of SC
b. Members/Constituency: 103 employees to serve 246 law enforcement agencies throughout the state
c. Smoking-related Experience: Smoke-free facility
d. Other Relevant Experience: Supports health promotion and non-use of tobacco
e. Member Rationale: Service provision and access to target groups
f. Proposed Contribution: In-kind staff support, training, role modelling, visibility and credibility

34. SC Department of Education
a. Goals: To provide state administration of public education in SC. Responsible for evaluation of and improvements in the school system for educational advancement
b. Members/Constituency: 1,050 employees; 36,000 teachers; 615,000 students
c. Smoking-related Experience: Class room education on health education topics, including tobacco use. Through Carolina HealthStyles all employees are involved in health promotion programs.
d. Other Relevant Experience: Implementation of comprehensive health education in all public schools
e. Member Rationale: Access to youth
f. Proposed Contribution: Education and prevention services

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

35. SC Department of Health and Environmental Control
    a. Goals: To protect and promote the public health and environment in SC
    b. Members/Constituency: 5,000 employees statewide; 46 county offices; and approximately 100 volunteers
    c. Smoking-related Experience: Policy development; public and professional education; smoking cessation programs; and coalition development
    d. Other Relevant Experience: Advocacy and community involvement/participation in improving health status
    e. Member Rationale: Commitment to smoking prevention and control; service provisions; access to target groups
    f. Proposed Contribution: Staff support in all phases of coalition activity

36. SC Department of Parks, Recreation and Tourism
    a. Goals: To increase and enhance outdoor recreation opportunities for SC residents, to extend quality of life benefits to South Carolinians in all areas of the state and to contribute to the economic well being of the state
    b. Members/Constituency: 500 full time staff, numerous volunteers for park activities; serves approximately 8 million tourist per year
    c. Smoking-related Experience: Supports non-tobacco use
    d. Other Relevant Experience: Employee health programs
    e. Member Rationale: Access to target groups, especially youth
    f. Proposed Contribution: Distribution of educational materials; group programs

37. SC Department of Social Services
    a. Goals: To serve clients who are eligible for socio-economic entitlement programs
    b. Members/Constituency: 4,425 employees and 20,000 volunteers; over 300,000 clients for programs such as Medicaid and Food Stamps
    c. Smoking-related Experience: Participation in Great American Smokeout
    d. Other Relevant Experience: Employee Wellness Program
    e. Member Rationale: Access to target tobacco user risk groups including youth, less educated, women and unemployed
    f. Proposed Contribution: Information to clients; training, smoking cessation

38. SC Educational Television
    a. Goals: To provide telecommunications services for instruction (K-12), to distribute higher education programming, and to service state agency needs in

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

training and tele-conferencing through open and closed circuit distribution systems with complete production capabilities

b. Members/Constituency: 400 employees; four regional television stations and a statewide radio network
c. Smoking-related Experience: Broadcasts programs dealing with smoking
d. Other Relevant Experience: SC ETV has aired many programs dealing with health issues.

e. Member Rationale: Program services and access to all citizens of SC
f. Proposed Contribution: Media, program services

39. SC Hospital Association
a. Goals: To be a leader and advocate for improvement of health status and health care delivery in SC and to assist hospitals in achieving this mission
b. Members/Constituency: 25 employees and 92 institutional members from health care facilities ranging in size from 12 to 700 beds
c. Smoking-related Experience: Member institutions will implement smoke-free policies by 1991; active participation in Clean Indoor Air Coalition.
d. Other Relevant Experience: Interest in Medicaid and Medicare reimbursement issues
e. Member Rationale: Commitment, program services, access to target groups, credibility/visibility
f. Proposed Contribution: In-kind staff support as needed

40. SC Medical Association
a. Goals: To serve the interest of SC physicians, to support their efforts to provide high quality medical care and promote good health for all citizens of the state; and to serve as the voice of the medical profession of the state
b. Members/Constituency: 18 employees and 3,300 physicians
c. Smoking-related Experience: Encourages smoke-free doctors' offices and has proposed Tobacco Injury Indemnification Fund Legislation for 1990; Supports American Medical Association position for Smoke-Free Society by the Year 2000
d. Other Relevant Experience: Interest in all health issues affecting SC
e. Member Rationale: Credibility with state leaders, access to target groups, and service provision
f. Proposed Contribution: In-kind support; lobbying

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

41. SC Medical Association Auxiliary
    a. Goals: To participate in community activities to improve health status of citizens of SC
    b. Members/Constituency: One part-time employee and 1,700 members who provide volunteer services throughout the state
    c. Smoking-related Experience: Active participation in SC Clean Indoor Air Coalition
    d. Other Relevant Experience: Teacher training via Health Education Van; and involved in Teen Pregnancy Prevention activities
    e. Member Rationale: Commitment, visibility, access to target groups
    f. Proposed Contribution: Volunteers, community and patient education

42. S. C. Municipal Association
    a. Goals: To provide educational and service programs to municipal officials
    b. Members/Constituency: Nine employees and 2,171 members including elected appointed municipal officials
    c. Smoking-related Experience: Supports non-use of tobacco by citizens of SC
    d. Other Relevant Experience: Experience in working with organizations and groups of people to promote or implement change
    e. Member Rationale: Membership of influential community officials; visibility and credibility
    f. Proposed Contribution: In-kind support, publicity, and role modelling

43. SC Nurses Association
    a. Goals: To promote nursing and health care issues in SC
    b. Members/Constituency: 2.5 employees and 1,225 professional members
    c. Smoking-related Experience: Founding member of the Clean Indoor Air Coalition
    d. Other Relevant Experience: Member of coalition for passage of Comprehensive Health Education Act; membership on numerous statewide task forces and gubernatorial committees in health areas
    e. Member Rationale: Statewide network of nurses; commitment, and access to target groups
    f. Proposed Contribution: Information dissemination, community education, opinion leaders and citizen activists

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

44. SC Parent Teacher Association
    a. Goals: To promote parental involvement in education and parenting skills to assure health and welfare of children ,
    b. Members/Constituency: Over 185,000 members, 2 employees and 42 State Board volunteers. 500 units throughout the state
    c. Smoking-related Experience: Association has policy banning smoking in board meetings, conferences and conventions
    d. Other Relevant Experience: Involvement in AIDS education for parents. Grants to study relationship between drug/alcohol abuse/teen pregnancies/AIDS
    e. Member Rationale: Statewide organization with volunteer system. Access to youth and ethnic minorities
    f. Proposed Contribution: Program service intervention for parents and students

45. SC Primary Care Association
    a. Goals: To foster a better working relationship between the community and migrant health centers and other health related entities in the state and to provide basic primary health care services for the medically under-served
    b. Members/Constituency: Nine employees and 100 members, which include all 14 corporate community and migrant health centers (which includes 35 satellite physician offices), public health officials, physicians and other interested parties. There are approximately 175,000 clients served and 700,000 patient visits in the state annually.
    c. Smoking-related Experience: Smoking prevention/-cessation programs for patients; programs to reimburse employees who have voluntarily quit smoking
    d. Other Relevant Experience: Interest in public health activities in SC; lobbying, networking, and other activities that shape the future of primary care
    e. Member Rationale: Provision of services and access to target populations; especially minority, low income and less educated
    f. Proposed Contribution: Networking, lobbying, education services to staff and clients; access to key target groups

46. SC Public Health Association
    a. Goals: Protect/promote community and environmental health; exercise leadership in health policy development and action; provide forum for matters pertaining to public health

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

b. Members/Constituency: One employee and 800 members who are workers in health fields or individuals interested in public health
c. Smoking Related Experience: Member of Clean Indoor Air Coalition
d. Other Relevant Experience: Regional committees throughout the state promote awareness of public health issues
e. Member Rationale: Statewide membership with access to target groups
f. Proposed Contribution: Endorsing and co-sponsoring activities

47. SC Registered Cosmetologists Association
a. Goals: To promote professionalism through legislation, education and public awareness
b. Members/Constituency: Membership of 2,000 cosmetologists
c. Smoking-related Experience: Supports non-tobacco use activities
d. Other Relevant Experience: Has promoted the "Look Good, Feel Better" program of the American Cancer Society for cancer patients
e. Member Rationale: Access to women who are tobacco users or at high risk
f. Proposed Contribution: Distribution of newsletters, educational posters and materials

48. SC Scholastic Broadcasters Association, USC
a. Goals: To encourage creative use of electronic media in middle and high school broadcasting and media clubs
b. Members/Constituency: Media clubs in SC high and middle schools
c. Smoking-related Experience: None
d. Other Relevant Experience: Conducts state-wide radio/TV competitions and sponsors workshops for students and teachers
e. Member Rationale: Media, access to youth
f. Proposed Contribution: Student-based communication system at the high and middle schools; and coordinate an "anti-smoking" radio/tv competition; news stories; features; and public service announcements

49. SC State Board of Technical & Comprehensive Education
a. Goals: To provide educational opportunities to the citizens of SC and to provide an educated work force for economic development through a two-year college system on 16 regional campuses
b. Members/Constituency: Staff of 3,319 employees; 166,017 students last year
c. Smoking-related Experience: None

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

d. Other Relevant Experience: Colleges with allied health divisions usually sponsor a "Health Fair" each year
e. Member Rationale: Access to a large number of students, young and old, mostly training for blue collar jobs
f. Proposed Contribution: Materials distribution, training, and education

50. SC State Employee Association
a. Goals: To advance the welfare of state employees and retirees and to promote efficiency in the administration of the business affairs and public services of state government
b. Members/Constituency: Eight employees and a membership of 23,000 serving the 75,000 state employees in SC
c. Smoking-related Experience: None

d. Other Relevant Experience: Interest in the welfare of its constituents
e. Member Rationale: Access to large number of state employees
f. Proposed Contribution: Dissemination of information and policy development

51. SC State Health and Human Services Finance Commission
a. Agency Goals: To implement all health and human services programs in SC through contracts with health and human services providers, private and public
b. Members/Constituency: 560 employees; serves millions of clients who are Medicaid recipients and members of poor communities
c. Smoking-related Experience: Indirectly involved with problems that smoking creates because many of such problems are dealt with by Medicaid
d. Other Relevant Experience: Directs the federal funds for public health program implementations
e. Member Rationale: Commitment to health; access to target groups (poor, less educated, and minority); credibility
f. Proposed Contribution: Professional consultation, policy development

52. SC State Library
a. Goals: To serve the educational, informational, cultural and recreational needs of the people of SC; to improve library services throughout the state and to ensure that all citizens have access to library and information resources adequate to meet their individual needs

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

b. Members/Constituency: Staff of 50, as well as 40 volunteers to assist the Division for the Blind and Physically Handicapped
c. Smoking-related Experience: Smoke-free facility
d. Other Relevant Experience: Participation in SC Primary Prevention Council and the SC Drugstore Advisory Committee
e. Member Rationale: Unique communication network to all 46 counties; and access to target groups
f. Proposed Contribution: Research services, bibliographies, etc.; distribution of information through public library system

53. School Nurse Council of SC Nurses Association
a. Goals: To provide quality health care to increase the academic achievement of students in our state
b. Members/Constituency: Membership of 40 school nurses who provide school health services
c. Smoking-related Experience: Provides smoking cessation programs for students
d. Other Relevant Experience: Involved in the passage of the Comprehensive Health Education Act
e. Member Rationale: Commitment, service provision, and access to target groups
f. Proposed Contribution: Dissemination of information and involvement of students and parents

54. Shaw Air Force Base, Department of the Air Force
a. Goals: To reduce smoking by 10% within the enlisted top three and to achieve a 95% non-smoking rate within rated air crews
b. Members/Constituency: 34,390 active duty members and families, civilians, residents, and retirees; volunteers include six individuals, one anti-smoking committee and a health promotion committee
c. Smoking-related Experience: Offers smoking cessation programs; smoking is an Air Force Special Interest item.
d. Other Relevant Experience: Health or well being are physical fitness components of Air Force training.
e. Member Rationale: Service provision and access to target groups, especially blue collar
f. Proposed Contribution: In-kind support and smoking cessation policy development

55. SmokeFree Low Country Coalition
a. Goals: To create, maintain, and support an alliance of citizens concerned with smoking cessation and public education; and to offer low-cost or no-cost smoking assistance programs to the public

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

b. Members/Constituency: Twenty area health care professionals are members; coalition serves the 500,000 residents of the Tri-county area (Charleston, Dorchester and Berkeley).
c. Smoking-related Experience: Quit and Win Campaign; lobbying on behalf of the Clean Indoor-Air Act; educating physicians on Smoking Cessation; selling of T-Shirts to promote clean air; and promoting non-smoking sections in restaurants.
d. Other Relevant Experience: None
e. Member Rationale: Congruent goals, local network, and relevant experience
f. Proposed Contribution: Local extension of the state level coalition, working toward the same goals

56. University of SC, School of Medicine
a. Goals: To improve the health of the citizens of SC through education, research, and health care services
b. Members and Constituency: 378 employees, which includes 167 faculty
c. Smoking-related Experience: Smoke-free facility
d. Other Relevant Experience: Education, research and direct health care services
e. Member Rationale: Access to target groups of health professionals; visibility and credibility
f. Proposed Contribution: Public and professional education; evaluation research; professional awareness; and student volunteers

57. University of SC, School of Public Health
a. Goals: To enhance the health of human populations through education, research, and service
b. Members/Constituency: 54 employees; 470 students
c. Smoking-related Experience: Membership in Clean Indoor Air Coalition
d. Other Relevant Experience: Six departments within the School contribute to the identification and development of solutions for public health problems.
e. Member Rationale: Expertise in public health intervention and training; access to target groups
f. Proposed Contribution: Training, advocacy, research

58. University of SC, School of Public Health, Department of Health Promotion and Education
a. Goals: To serve the purpose of education, research and community service to enhance behaviors, lifestyles and environments which are conducive to health
b. Members and Constituency: 18 employees; 80 Masters students; 35 doctoral students; 5 non-degree students; about 50% of students are part-time

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

c. Smoking-related Experience: Faculty have varied experiences with smoking prevention and cessation including Co-investigator on NCI smoking prevention dissemination trial, Co-investigator on NCI curriculum development project, Board of Directors of the SC American Lung Association, and Board of Directors SC Division, American Cancer Society.
d. Other Relevant Experience: Faculty engaged in all aspects of prevention and educational interventions. Targets include, individual, families and communities.
e. Member Rationale: Graduate training program for health educators; faculty leadership in research, service and training
f. Proposed Contribution: Consultation, training, community organization and educational methodology expertise; possibly providing student interns

59. University of SC, School of Public Health, Office of School Health Education
a. Goals: To assist public schools in SC in implementation of the Comprehensive Health Education Act
b. Members and Constituency: 7 employees including 3 faculty; 91 CHE Coordinators; and over 500 people on mailing list
c. Smoking-related Experience: General prevention education in area of health risk behaviors for teens
d. Other Relevant Experience: In-service training for teachers; surveys/needs assessments; graduate courses; development of resource catalog; statewide advisory council on school health education; and monthly newsletter
e. Member Rationale: Access to target groups, especially youth
f. Proposed Contribution: Newsletter services, training, research, dissemination of information and materials

60. University of SC, Student Health Center
a. Goals: To offer primary care to students and to provide a strong health education program devoted to prevention of illness and promotion of health
b. Members/Constituency: 50 health professional staff and 15 student volunteers serve 24,000 USC students with approximately 35,000 patient visits and 6,500 health education interactions per year
c. Smoking-related Experience: Annual promotion of the Great American Smoke-Out, two smoking cessation classes per year, and one-on-one counseling for cessation

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Source: https://www.industrydocuments.ucsf.edu/docs/tgbl0000

d. Other Relevant Experience: Public health activities including conferences, health fairs, one-on-one consultation, and seminars
e. Member Rationale: Training others or serving on a speaker's bureau, even in the early stages of gathering support for this project
f. Proposed Contribution: Training, peer counseling, disseminating information, publicity

61. Wellness Council of the Midlands
a. Goals: To promote wellness at the worksite and throughout the community
b. Members/Constituency: Three employees; one Executive Director; 58 member companies, and 106 volunteers
c. Smoking-related Experience: Information and referral for members; guidelines for a worksite smoking policy
c. Other Relevant Experience: Basic health promotion at the worksite
d. Member Rationale: Access to target population in worksites; credibility
e. Proposed Contribution: Establishment of community/worksite health promotion programs

62. Joe Wilson, State Senator
a. Goals: Not applicable; individual member
b. Members/Constituency: Senator Wilson represents state Senate District 23.
c. Smoking-related Experience: Sponsor of the Clean Indoor Air Bill
d. Other Relevant Experience: Supports public health issues; serves on Medical Affairs Committees
e. Member Rationale: Legislator, credibility and visibility
f. Proposed Contribution: Legislative leadership

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SECTION VII

HEALTH DEPARTMENT QUALIFICATIONS

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VII. Health Department Qualifications: This section discusses the experience and capabilities of the SC Department of Health and Environmental Control (SC DHEC) relevant to the leadership and management of Project ASSIST including: fiscal and administrative management of large complex projects; performance of diverse management support functions; public health and health promotion community intervention; demonstrated ability to convene and coordinate efforts of diverse groups within the constituency: and access to target groups of smokers and leaders.

A. Fiscal and Administrative Management: This section describes agency experience and capabilities in the fiscal and administrative management of large, complex projects.

1. Agency Overview: SC DHEC is the state public health agency with the mission of protecting the public's health and environment. As the principal advisor to the state on public health, the agency has the responsibility and the authority to prevent, abate and control pollution and health problems. In support of this mission, the agency serves the states' citizens by:

- Protecting and promoting health and environmental quality through prevention, education, advocacy, regulation and services;

- Assuring the provision of health care services to the public by promoting the participation of private sector providers and by delivering services directly;

- Developing state policies for health and environmental protection;

- Monitoring the public health and environmental status of the state;

- Expanding knowledge through epidemiology and applied research on health and environmental issues.

Programs and services are targeted to the general public, the regulated community and specific groups according to health needs, age, and economic status.

The co-existence of personal and environmental health within the agency allows identification of holistic strategies which impact on health issues. Within the agency central office, located in Columbia, there are Bureaus, Divisions, and Offices to oversee and assure that the agency's health and environmental missions are carried out. This is accomplished through linkages with the district and county offices throughout the state.

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Diverse management functions are facilitated by the geographic small size of the state and the location of the capital and the agency central office in the geographic center of the state. These factors allow efficient access to the total population, with diverse individuals and groups able to meet in the central area of the state with minimal travel time and expense.

The organizational chart in Appendix VII-1 illustrates the line and staff relationships within the agency. The agency is directed by a board, made up of one member from each of six congressional districts and one member at-large. Members are appointed by the governor for four year terms with the advice and consent of the Senate. The board determines agency policy, approves legislation and regulations to be presented to the General Assembly, decides legal matters that come before the agency, and is responsible for the appointment of the agency Commissioner.

Under the Commissioner are the Offices of General Counsel, External Affairs, Assessment and Quality Assurance, Planning and Policy Development, and Internal Audits. There also are four Deputy Commissioners: Health Regulations, Administrative Services, Environmental Quality Control, and Health Services. Through each of the Deputy areas, assessment, planning, intervention and evaluation activities are coordinated and carried out with district and county staff at the local level.

The Chart below depicts how funding is dispersed to the four Deputy areas.

SC DHEC FY 1991 Appropriation by Deputy Area

Administrative Services	$ 20,263,648
Health Services	202,288,818
Health Regulations	7,177,522
Environmental Quality Control	30,980,573
TOTAL	$260,710,561

The fifteen public health districts provide a direct administrative link to the 46 county health departments which are the basic units from which community health programs are implemented. Appendix VII-2 shows how the 15 districts are organized. Central office personnel provide program direction, administrative assistance, and technical consultation to the district and county staff, who provide direct community services. This includes direction and assistance in budgeting and allocation of

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funds, program planning and development, service delivery, and evaluation of program effectiveness.

The strong linkage between state, district and local health department offices is somewhat unique among state health agencies and offers important advantages in implementation of statewide public health programs. With overall direction and program standards set at the state level, health departments can adapt services to meet local needs most effectively. This arrangement has served the agency well in the management of large, statewide programs; several examples are given below:

AIDS Prevention and Risk Reduction Project is a cooperative agreement with the Centers for Disease Control for the period 1986 - 1992, for approximately $10 million. The purpose of this project is to develop and implement surveillance, epidemiological research, health education, and risk reduction activities to address the acquired immunodeficiency syndrome problem. To date, the HIV positivity rates have declined from 20% to 17% through targeted health education programs, increased screening and counseling at local health departments, and mass media campaigns.

Community Long Term Care (CLTC) - Statewide is a contract with Health and Human Services' Finance Commission (HHSFC) which covered the time period of July 1, 1987 - December 31, 1988 with the award amount of $5,702,569. This program has resulted in cost effective home care for elderly and disabled persons in SC who previously were institutionalized because of inability to carry out activities of daily living.

Early Periodic Screening Diagnosis and Treatment (EPSDT) Outreach is a grant which covered the time period of July 1, 1988 - June 30, 1989 with the federal award amount of $1,301,546 from Health and Human Services. Outcomes made possible through this grant include: increased utilization of preventive health care, increased use of available medical resources, reduced duplication of services and reduced medical costs by shifting expenditures from costly episodic treatment to preventive care, thereby promoting positive health outcomes.

Women, Infants and Children is an ongoing federal grant from the Department of Agriculture. The objective of this program is to supply, at no cost, supplemental nutritious foods and nutrition education as well as referral services as an adjunct to good

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health care to low-income women, infants and children identified to be at nutritional risk. Progressive and innovative program management has included development of automated patient management systems which assure that patients are accessing all appropriate health care programs as well as numerous cost containment initiatives. This has resulted in expanded monies available for utilization from a few thousand dollars when the program was first implemented in 1972 to 4.5 million dollars for federal FY90. At the beginning of the fiscal year the program was funded by USD to screen 83,000 participants per month. However, due to the above management practices as well as progressive vendor (food cost) management, the program was serving in excess of 95,000 participants per month as of June 1990.

SC High Blood Pressure Control Project, total funding $3,505,341, was operational for the period 1977-1983 under a contract from the National Heart Lung and Blood Institute. SC was one of seven states selected to determine the magnitude of the problems associated with hypertension and to identify, implement, and evaluate interventions designed to increase awareness, treatment, and control of hypertension. Project results included improvements in statewide communication, cooperation, and coordination in controlling hypertension; implementation of intervention programs for public, patient, and professional education; and documentation of changes in the status of blood pressure control as reflected in mortality, morbidity, and prevalence data.

2. Relevance to Project ASSIST: The organizational location of Project ASSIST within DHEC will be under the Deputy Commissioner for Health Services, in the Center for Health Promotion (CHP). Appendix VII-3 gives an organizational charts for the Health Services deputy area and for the Center for Health Promotion. The mission of CHP is to improve health status by promoting positive health behaviors. Its goal is to reduce the prevalence and severity of the risk factors associated with the leading causes of death and disabilities in SC. Attention is on cardiovascular disease and cancer and the cross-cutting risk factors of smoking, dietary fat, and lack of physical activity. The Center for Health Promotion currently has an annual budget of $4.4 million. This includes $1.4 million for a statewide cancer control program and $1.8 million for the statewide health promotion program. Currently federally funded projects include: SC Cardiovascular Disease Prevention Project ($506,993), the

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Rural Health Promotion Project ($188,107), the Behavioral Risk Factor Surveillance Program ($24,098), the Health Promotion Training Project ($116,378), and the Women's Cancer Project ($300,000). These projects are described in Section VII.C., but are mentioned here as examples of current efforts that are underway in the Center for Health Promotion. The previously mentioned High Blood Pressure Control Project also was managed in this unit.

B. Diverse Management Support Functions: This section describes the performance of diverse management support functions, for the agency overall and for the Center for Health Promotion

1. Agency Overview: The agency is committed to an effective, efficient and accountable management and recruits qualified staff in the health and environmental sciences and administrative professions. Management of the agency is implemented through the participative team approach which allows employees to make contributions to the decision-making process.

Traditional management support functions of the agency are carried out under the Deputy Commissioner for Administrative Services. The mission of Administrative Services is to provide direction, supervision and coordination in the development and maintenance of the agency's budgets; and to provide direction and coordination in administration of the expenditure, appropriation and authorization of grants, contracts, and other funds. Administrative Services includes the Bureaus of Budgets, Business Management, Information Resource Management, Finance, and Personnel:

The Bureau of Budgets provides direction, supervision and coordination in the development and maintenance of the agency's budgets; and provides direction and coordination in administration of the expenditure/-appropriation and authorization for grants, contracts, and other funds.

The Bureau of Business Management provides supportive services in areas of: procurement of goods and services; facility management; central supply mail and courier operations; motor vehicle management/maintenance; printing, photography, and graphics; minority business program; and security services. The Bureau maintains a continuous review of state/federal laws, policies and procedures to assist in the management process of the agency.

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The Bureau of Information Resource Management provides all units of the Agency with data management service (consultative, planning, development, and operational) and information technology services necessary to assist in the effective and efficient management of the agency. The State Legislature appropriated four million dollars in the FY91 budget for the expansion of the computer network so that all agency sites throughout the state have access and sufficient staff to assure efficiency in computer and communications processing and reductions in the volume of paper transactions. Through the Medical Library and the Education Resource Center, this Bureau also provides public and professional access to professional journals and to print and audiovisual materials.

The Bureau of Finance supports the fiscal policies of the agency and exercises responsibility for the fiscal management of the agency. The Bureau is responsible for submitting invoices/financing request and financial reports for grants, cooperative agreements, and contracts administered by the agency.

The Bureau of Personnel provides departmental personnel and administrative support services in recruitment, position classifications, personnel guidance and evaluation, employee benefits, affirmative action, personnel records, salary administration, merit system administration and other facets of personnel management services. This Bureau also implements agency training programs to assure that agency personnel have knowledge and skills necessary to perform high quality work.

In addition to these traditional types of management supports, the agency has other support offices at the Commissioner's level and at the level of the Deputy Commissioner for Health Services. The offices at the Commissioner's level assure that external and internal diverse and complex issues for which the agency is responsible are identified and managed in an efficient manner without duplication of efforts and resources within the agency and the SC community. The functions of these offices are described below:

The Office of External Affairs supports the agency's mission by increasing community awareness of all agency programs, services and capabilities at the state and local level; establishes linkages with other agencies and organizations to carry out programs and services in the community; increases the agency's cus-

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tomer service orientation to assure that health services are marketed appropriately to the community; and provides the legislature with information on the health and environmental issues for which the agency is responsible.

The Office of Assessment and Quality Assurance develops and maintains systems that assure the quality of all agency operations, including internal processes as well as services to the public; and monitors the health and environmental status of the state. These activities assure that throughout the agency at the state and local levels health services and programs needed are being implemented in the most effective and efficient manner possible.

The Office of Internal Audits assists all members of management and the agency Board in the effective and efficient discharge of their responsibilities within the scope of existing laws and regulations. The office examines, analyzes, and appraises agency financial and operational activities and recommends changes in policy and procedures, where necessary; and provides counsel to management on current and future complex accounting and control matters.

The Office of General Counsel represents the agency in adversary proceedings, in administrative forums, and in the state and federal courts; advises program administrators on legal matters pertaining to program implementation and service delivery; advises agency administrative officials on policy questions and operating problems; drafts and revises legislation and regulations necessary to protect the public's health and the quality of the state's environment; assures compliance by the agency with the provisions of state and federal law, including the State Administrative Procedures Act and the State Tort Claims Act; and answers inquiries from members of the public involving laws and program administered by the agency.

The Office of Planning and Policy Development strengthens the management of agency resources for health and environmental protection through planning and policy information; directs a Planning for Effective Management Program which organizes strategic, long range and operational planning activities in a comprehensive framework to address public health and environmental needs of the state; establishes the context and framework for public health and environmental policy development; promotes

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the agency's role in public health policy development by serving as liaison with interagency councils addressing health and environmental concerns; and conducts policy and analysis evaluation activities for the agency's policy makers.

The Office of Vital Records and Public Health Statistics collects health-related data on a routine basis by legal registration and statistical recording of vital events of birth, death, marriage, divorce and annulment, and abortion; provides certification of birth, death, marriage, and divorce events upon request to the public at large; provides all units of the agency and public and private organizations with bio-statistical services, including statistical consultation, data analysis and interpretation, sample and survey design, analysis and dissemination of vital statistics, and statistical modeling.

The Office of Minority Health is responsible for carrying out the recommendations of State Minority Health Task Force, as described in Section VII.D.

At the level of the Deputy Commissioner for Health Services are six professional offices that support the complementary and interdependent roles of central office and local staff in managing health service programs. These offices and their missions are:

The Office of Nursing is responsible for providing leadership for the planning, organization, practice, and evaluation of nursing services throughout the agency to achieve the agency mission of preventing health problems and promoting health. Goals include: Bachelor of Science in Nursing preparation of nursing staff; patient outcome measures in all programs; development and utilization of epidemiologic skills by public health nurses; and applied research in public health nursing interventions. All 15 agency public health districts are fully accredited by the National League for Nursing.

The Office of Nutrition is responsible for overall planning, organization, supervision and coordination of the nutrition component of health care within DHEC. This office has been supportive of the education efforts of the American Red Cross, American Cancer Society, SC Affiliate of the American Heart Association, March of Dimes, and other health related associations. In 1989, this office organized the SC Inter-Agency Council on Hunger and Nutrition.

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